

<b>Case Number:</b>	CM15-0092370		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	03/24/1992
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 71 year old man sustained an industrial injury on 3/24/1992. The mechanism of injury is not detailed. Evaluations include thoracolumbar spine x-rays dated 4/10/2012 and lumbosacral MRI performed in 2002. Diagnoses include chronic low back pains, lumbar vertebral body fractures, left shoulder rotator cuff tear, and status post electrocution with possible motor neuron late stage degeneration. Treatment has included oral medications. Physician notes on a PR-2 dated 4/14/2015 show complaints of thoracolumbosacral pain and right hip pain with occasional left arm/shoulder pain and right shoulder pains that radiate from the neck. Pain is noted to be intermittent and therefore, pain rating range from 1-9/10. Recommendations include physical therapy, Forteo, aquatic therapy, Robaxin, Tramadol, Aspirin, Norco, topical cream, Ambien, crutches as needed, and follow up in one month.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Tramadol 50mg #80:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient was injured on 03/24/1992 and presents with chronic back pain, left arm pain, shoulder pain radiating from the neck, right shoulder pain, and numbness to the legs down to the knees and left leg down to left ankle. The request is for tramadol 50 mg #80. The RFA is dated 04/14/2015 and the patient is not currently working. The patient has been taking tramadol as early as 01/20/2015. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument. MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior) as well as 'pain assessment' or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief." On 01/20/15 and 04/14/15, the patient rated her pain as 8-9/10. The patient is diagnosed with chronic low back pain, diabetes mellitus, spinal stenosis with lumbar myelopathy, healed left foot, 3rd cuneiform, cuboid joint stress FX, fractures of vertebral bodies L2 and L3, 03/27/1992 left shoulder rotator cuff tear, and S/P electrocution possible motor neuron late stage degeneration. In this case, none of the 4As are addressed as required by MTUS Guidelines. The treater does not provide any before and after medication pain scales. There are no examples of ADLs, which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. The treater did not provide a urine drug screen to see if the patient is compliant with her prescribed medications. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested tramadol is not medically necessary.