

<b>Case Number:</b>	CM14-0102918		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	01/09/2002
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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. The expert reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

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

The injured worker is a 44-year-old female who reported an injury on 01/09/2002. The mechanism of injury was not provided for clinical review. The diagnoses included chronic lumbosacral strain with bulging disc, status post neuroplasty, chronic pain syndrome, lumbago, lumbosacral spondylosis without myelopathy, sacroiliitis, and obesity. The previous treatments included medication, epidural steroid injections, and physical therapy. Diagnostic testing included an MRI. Within the clinical note dated 06/12/2014, it was reported the injured worker complained of low back pain radiating to the coccygeal region. She complained of pain in the low back radiating to the right lower extremity, with tingling and numbness. The injured worker complained of pain radiating to the left lower extremity. Medication regimen included naproxen, ibuprofen, Tramadol, and acetaminophen. Within the physical examination, the provider noted the injured worker had a positive straight leg raise bilaterally. The injured worker had trigger points, which were absent. The provider noted the injured worker had facet tenderness diffusely tender bilaterally in the lower lumbar region, with left side worse than right. The provider noted facet loading test was positive bilaterally/lumbar. The provider noted the injured worker had slight diminished sensation to touch over the anterior lateral aspect of the left leg. The provider requested Tramadol/acetaminophen. However, a rationale was not provided for clinical review. The Request for Authorization was submitted and dated on 06/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol/Acetaminophen 37.5/325mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

**Decision rationale:** The request for tramadol/acetaminophen 37/5/325 mg #90 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider failed to document an adequate and complete pain assessment within the documentation. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Additionally, the use of a urine drug screen was not provided for clinical review. Therefore, the request is not medically necessary.