

<b>Case Number:</b>	CM14-0141719		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	03/13/2012
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 48 year old male who was injured on 03/13/12 while breaking up some moldings when he felt a pop in the low back and developed severe back pain and right leg pain. MRI of the lumbar spine on 06/14/12 revealed mild degenerative disc diseases L4-5 and L5-S1 with bilateral facet hypertrophy and mild bilateral neural foraminal narrowing. EMG/NCV of the lower extremities dated 09/06/13 showed no evidence of lumbar radiculopathy. The injured worker has had treatments that include Vicodin, Trazodone, Ambien, Gabapentin, Baclofen and Tramadol; series of -physical therapy and epidural steroid injections. Clinical note also indicated the injured worker had prior back surgery, dated and specific procedures performed were not documented. Current diagnoses include chronic lower back pain with bilateral lower extremity radiating pain. Clinical note dated 01/22/14 indicated the injured worker complains of constant sharp pain in the lower back radiating down the lower extremities with numbness and tingling. Physical examination revealed moderate tenderness in the lumbar spine. Range of motion is 50% of normal. Straight leg raise causes lower back pain. Clinical note dated 03/13/14 indicated the injured worker complains of constant low back pain with bilateral lower extremity radiating pain, numbness and tingling. Pain was worse with activity, with pain level ranging from 5-8/10. The injured worker indicated he can lift up to 50 pounds, can bend and stoop, but avoids repetitive bending and stooping. Examination of the thoracolumbar spine revealed mild-moderate tenderness with mild to moderate spasm. Active range of motion is 50% of normal extension, flexion, right and left lateral bending. Straight leg raise causes lower back and leg pain bilaterally. Ankle jerks are 0 bilaterally. X-rays of the lumbar spine revealed mild to moderate disc narrowing at L4-5 and L5-S1. There was evidence of prior laminectomy at L5-S1. Mild facet arthritis is noted at L4-5 and L5-S1. There was no significant change noted compared with prior x-rays. Clinical documentation indicated that Ultram is not working well for the injured

worker; hence the switch to Nucynta; and anti-inflammatory medications with pain medications and muscle relaxers would be appropriate. Clinical note dated 06/24/14 indicated the injured worker continues to have ongoing back pain that causes him difficulty sleeping. The injured worker reported difficulty with bending and stooping. He has been taking Baclofen, Neurontin, Nucynta and Ambien which provided relief to his symptoms. Clinical notes also indicated the patient has been doing home exercise program. Physical examination revealed moderate tenderness in the lumbar spine with moderate spasms. Active range of motion of the lumbar spine is 50% of normal. It was noted that extension causes pain radiating to the buttocks. Medications include Ambien 15mg, Vicodin 5-500mg, Trazodone HCl 50mg, Gabapentin 600mg, Baclofen 10mg, Zolpidem Tartrate 10mg, and Tramadol HCl 50mg. The previous request for Tramadol HCl 50mg tab was noncertified on 08/21/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Tramadol HCL 50 MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), online version > < Pain (Chronic)> < Opioids, Criteria for Use>

**Decision rationale:** Based on review of the clinical documentation submitted, there is insufficient documentation to substantiate ongoing use of the opiate medication, Tramadol HCl, for this patient. There is no documentation regarding functional benefits as well as substantial functional improvement with the continued use of narcotic medications. Current evidence based guidelines recommend that patients demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There are no documented VAS pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. Further, there were no recent urine drug screen reports made available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, this reviewer would not recommend ongoing use of Tramadol HCl 50mg at this time.