

<b>Case Number:</b>	CM14-0154723		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	12/16/2010
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 44-year-old male with a date of injury of 12/16/2010. The listed diagnoses are:  
 1. Cervical degenerative disk disease. 2. Thoracic discogenic syndrome. 3. Lumbar degenerative disk disease. According to progress report 08/14/2014, the patient presents with neck and low back pain that radiates to the lower extremities with burning, weakness, and numbness. The patient reports that medications help with pain about 30% to 40%, and he has no side effects with medications. Examination revealed reduced range of motion and positive thrombotic thrombocytopenic purpura (TTP) in the thoracolumbar region. It was noted the patient is deconditioned and ambulates with a cane. There is a lab report from 06/18/2014 which is consistent with the medications prescribed. The treater is requesting refill of Tramadol 37.5/325 #60. Utilization review denied the request on 9/2/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol/APAP 37.5/325MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88, 99 and 78.

**Decision rationale:** This patient presents with neck and low back pain that radiates into the lower extremity with weakness, burning, and numbness. The treater is requesting a refill of tramadol/APAP 37.5/325 mg #60. For opiate management, 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 validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, activities of daily living (ADLs), adverse side effects, and adverse behavior). The treater noted that with Tramadol, the patient's pain was decreased by 30% to 40%, but there are no specific functional improvements or changes in ADLs noted. MTUS requires not only discussion of analgesia, but significant change in ADL's, side effects, and aberrant drug seeking behavior such as urine toxicology, pain contracts, etc. Given the lack of sufficient documentation for opiate management, the treatment is not medically necessary.