MAXIMUS Federal Services

| Case Number: | CM13-0049743 | | |
|---|---|---|---|
| Date Assigned: | 12/27/2013 | Date of Injury: | 02/17/2007 |
| Decision Date: | 03/06/2014 | UR Denial Date: | 10/30/2013 |
| Priority: | Standard | Application Received: | 11/08/2013 |

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation 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 physician 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:

This 37-year-old male, sustained a work-related injury on 02/17/2007. The current diagnoses included degeneration of the lumbar or lumbosacral intervertebral disc. The mechanism of injury occurred while lifting a mixing bowl. According to the doctor's note dated 10/21/13, the patient had a flare-up of pain with severe back spasm. He could not stand up straight. Physical examination of the lumbar spine revealed antalgic posture, forward flexion of 30 degrees, decreased sensation to light touch and pinprick along the left lateral calf and bottom of his foot, and intact motor strength. The current medication list included Butrans, Zanaflex, Colace, Senokot, Pamelor, Intermezzo, and Tramadol. He underwent lumbar fusion at L4-5. No operative note was specified in the records provided. He had a CT myelogram that revealed stable fusion and disc herniation at L4-5. He had acupuncture for this injury. At issue is the request for Tramadol 50 mg #120, which was denied for lack of medical necessity.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 mg #120, ten (10) a day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Central acting analgesics, Opioids for neuropathic p.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 80, 84. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC-Pain (Chronic) (Updated 1/7/2014), Tramadol (Ultram)

**Decision rationale:** The Chronic Pain Guidelines do not recommended this medication as well as other opioids as a first-line therapy for neuropathic pain. Opioid analgesics and Tramadol have been suggested as a second-line treatment (alone or in combination with first-line drugs). Also there is lack of documented improvement in function or reduction in pain symptoms with the use of this medication. The Official Disability Guidelines recommend the lowest possible dose should be prescribed to improve pain and function. Per the records provided, the patient had a flare-up of pain instead. The request does not meet guideline criteria.