

<b>Case Number:</b>	CM13-0071739		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	01/23/2013
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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 & Rehabilitation, 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 injured worker is a 53-year-old male who reported an injury on 01/23/2013. The mechanism of injury was a fall. The clinical notes dated 10/24/2013 noted the injured worker reported pain in the lumbar spine rating 6/10 which was constant, sharp radiating down both legs with numbness and tingling worse on the left. The injured worker reported when sitting pain was rated 8/10. The physical exam noted lumbar spine flexion was reduced, flexion was 45/90 degrees, and extension was 15/25. The injured worker had a positive toe-walk and a negative heel-walk, also had positive paraspinal tenderness to percussion, positive bilateral sciatic nerve stretch test and worse on the left. The injured worker had diagnoses of lumbar spine degenerative disc disease, lumbar spine disc bulges, and lumbar spine radiculopathy. The provider recommended chiropractic care, acupuncture and medication (Tramadol 50 mg 2 three times a day) for baseline pain management and inflammation. The request for authorization for Tramadol 50mg was not provided within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMADOL 50MG 2 TID PRN UNIT 180 REFILLS: 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 91-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL and ON-GOING MANAGEMENT Page(s): 93,94-78.

**Decision rationale:** The injured worker reported pain in the lumbar spine rating 6/10 which was constant and sharp with radiation down both legs. The California MTUS guidelines state Tramadol is a synthetic opioid affecting the central nervous system. The MTUS guidelines recommend ongoing review and documentation of pain relief, functional status and appropriate medication use. In this case, there is a lack of documentation indicating the injured worker had relief of symptoms from the medication; the efficacy of the Tramadol was unclear within the provided documentation. There is also a lack of documentation of a urine drug screen within the medical records provided. Given the clinical information submitted above, the request for Tramadol 50 mg two three times a day as needed unit 180 with two refills in non-certified.