

<b>Case Number:</b>	CM14-0005063		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	12/02/2010
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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, has a subspecialty in Pain Medicine 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 49-year-old male who has submitted a claim for L4-L5 lateral recess recurrent disk herniation and L4-L5 nerve root impingement with L5-S1 degenerative disk disease, chronic left-sided foot drop status post L4-5 laser discectomy and status post panniculectomy associated with an industrial injury date of December 2, 2010. Medical records from 2013-2014 were reviewed showing the patient having severe low back pain radiating to the left lower extremity with associated numbness. He also has intermittent leg cramps, usually occurring at night. A left-sided foot drop was noted as well. Physical examination of the lumbar spine showed tenderness along the lower lumbar spine, limited range of motion on flexion, extension, lateral rotation and lateral bending. Lower extremity strength on left-sided dorsiflexion is 2-3/5 and extensor hallucis longus muscle on the left is 3/5. Achilles reflex on the right is 1+ while on the left is 0. Sensation is decreased in the left lateral ankle and foot as well as the dorsal surface of the left foot and ankle. There is positive foot drop on the left. MRI of the lumbar spine dated June 2012 revealed moderate to severe left-sided neural foraminal narrowing and left-sided L4 nerve root compression. At L5-S1 there is diffuse posterior disk bulging, end plate spurring and facet hypertrophic changes that cause lateral transversing S1 nerve root impingement as well as severe left-sided and moderate to severe right-sided neural foraminal narrowing with probable impingement of the left L5 nerve root. Official report of the imaging study was not available. Treatment to date has included pain medications, physical therapy, home exercise program, activity modification and gastric and lumbar spine surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMADOL 50MG #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN TREATMENT GUIDELINES, OPIOIDS,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 77-78,80.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines pages 77-78 states that ongoing opioid treatment should include monitoring of analgesia, activities of daily, adverse effects and and aberrant-drug taking behaviors. In addition, page 80 states that opioids should be continued if the patient has returned to work. In this case, the patient has been prescribed with Tramadol as early as December 2012. A progress report, dated June 4, 2013, showed that Tramadol reduced his leg cramping at night. The patient was likewise able to return to work without restrictions. However, the current clinical and functional status of the patient is unknown. The most recent progress report available for review is from June 4, 2013. Therefore, the request for Tramadol 50mg #60 is not medically necessary.