

<b>Case Number:</b>	CM14-0105529		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	02/28/2010
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 Nevada. 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 records presented for review indicate that this 56-year-old female was reportedly injured on February 20, 2010. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated May 7, 2014, indicates that there are ongoing complaints of low back pain and left hip pain. The injured worker stated pain to be 7-8/10 on the visual analog scale without medications and 1-2/10, on the visual analog scale with medications. The physical examination demonstrated tenderness of the lumbar spine paraspinal muscles with spasms. There was decreased lumbar spine range of motion in all planes. The examination of the left hip noted tenderness at the trochanteric bursa as well as decreased range of motion. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes lumbar spine surgery. A request had been made for Tramadol and was non-certified in the pre-authorization process on June 13, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol (Dosage, Frequency and Quantity Unspecified): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Drug Formulary, Goodman and Gilman's The Pharmacological Basis of Therapeutic, 12th Edition.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113.

**Decision rationale:** The California MTUS guidelines support the use of Tramadol (Ultram) for short-term use after there is been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. A review of the available medical records fails to document any improvement in function or pain level with the previous use of Tramadol. As such, the request is not considered medically necessary.