

<b>Case Number:</b>	CM14-0010742		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	08/02/2012
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Occupational 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 48-year-old male who has submitted a claim for chronic lumbar strain, chronic cervical strain, chronic right lumbar radiculopathy, spondylolisthesis L5-S1, chronic bilateral pars interarticularis fractures, history of blunt head trauma after fall from a ladder and status post lumbar spine surgery associated with an industrial injury date of 8/12/12. The medical records from 2012-2013 were reviewed, which revealed constant low back pain graded 8/10. The medication helped to decrease the pain to 6/10. A physical examination of the lumbar spine showed tenderness at the lumbosacral junction and right lumbar paraspinal muscles. The range of motion and special tests for cervical and bilateral shoulders were deferred. An examination of the right wrist showed no tenderness on the wrist joint volarly or dorsally. The range of motion was limited due to pain. The Tinel, Phalen and Finkelstein tests were negative. The treatment to date has included, lumbar spine surgery and physical therapy sessions. The medications taken include, Tramadol, Vicodin and Ibuprofen. The utilization review from 1/21/14 modified the request for Tramadol HCL tab 200 mg/day to allow the treating physician to provide documentation that establishes the medical necessity for the continuation of treatment with opioids.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Review of new start LA opioid received on 12/27/13 for Tramadol HCL tablets 200mg ER (Extended-release), thirty (30) day supply, QTY: 30.00 (prescription date: 12/17/2013):**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

**Decision rationale:** The Chronic Pain Guidelines indicate that tramadol is a centrally acting synthetic opioid analgesic and is not recommended as a first-line oral analgesic. In addition, the guidelines do not support ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient has been prescribed Tramadol since July 2, 2013. However, quantified pain measures and functional status were not documented. The compliance measuring methods were also not evident based on the records submitted for review. Therefore, the request is not medically necessary.