

<b>Case Number:</b>	CM14-0113617		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/24/2013
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine, and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 07/24/13 when, while working as a special education teacher, she developed right back and gluteal pain. Treatments included physical therapy and chiropractic care. An MRI of the lumbar spine on 08/21/13 showed degenerative changes with lower lumbar facet arthropathy without neural compromise. EMG/NCS testing on 11/05/13 showed nonspecific findings. She was seen on 06/05/14. There had been improvement after lumbar medial branch blocks and radiofrequency ablation treatment was planned. Work restrictions were not been accommodated. She was having low back discomfort with left lower extremity numbness and tingling with prolonged sitting. Physical examination findings included a normal gait. Diagnoses were right posterior hip pain, ischial bursitis, a hamstring strain, sacroiliac joint discomfort, and sciatica. Neurontin 300 mg #60 was refilled. On 06/11/14 medial branch radiofrequency ablation treatment was performed. She was seen on 07/07/14. She was having right gluteal pain rated at 4-5/10 and had a 90 minute sitting tolerance. She had left leg numbness. She was having neck and right upper extremity pain and numbness. Medications were gabapentin and nortriptyline. Physical examination findings included decreased left lower extremity sensation with negative straight leg raising. There was right greater trochanter and gluteal tenderness and right lumbar discomfort. Recommendations included continuing the nortriptyline and discontinuing gabapentin. Tramadol 50 mg was prescribed. She was seen by the requesting provider on 08/21/14. She had joined a gym. Physical examination findings included bilateral lumbar tenderness. She was diagnosed with mechanical back pain. Tramadol 50 mg #180 and nortriptyline 25 mg were prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL 50 mg #150 with three (3) refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, Opioids for neuropathic pain.

**Decision rationale:** The claimant is more than one year status post work-related injury and continues to be treated for chronic low back pain with radicular symptoms. Treatments have included physical therapy, chiropractic care, medications, and she is status post lumbar medial branch radiofrequency ablation in June 2014. She appears motivated and has recently joined a gym. Tramadol is a centrally acting synthetic opioid analgesic. It is not recommended as a first-line oral analgesic but may be used to treat chronic pain and is often used for intermittent or breakthrough pain. It is considered as a second-line treatment for chronic neuropathic pain. In this case, the claimant has ongoing chronic pain including neuropathic pain and alternative treatments have been tried. There are no identified issues of abuse or addiction and no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination that would be a contraindication to a therapeutic trial of Tramadol. The dose being prescribed is consistent with that recommended and is therefore medically necessary.