MAXIMUS Federal Services

| Case Number: | CM14-0119212 | | |
|---|---|---|---|
| Date Assigned: | 08/06/2014 | Date of Injury: | 06/07/2001 |
| Decision Date: | 10/03/2014 | UR Denial Date: | 07/18/2014 |
| Priority: | Standard | Application Received: | 07/29/2014 |

## 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 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:

This is a 37 year old male with a 6/7/01 injury date. The mechanism of injury is not provided. In a follow-up on 6/19/14, the patient continues to have 8/10 constant low back pain with radiation to both legs, left worse than right. The patient has been prescribed Tramadal 50 mg and Norco 5/325 mg since 8/7/12. Objective findings included no acute distress. The patient was instructed to follow-up no later than 6 weeks. A lumbar spine MRI on 5/25/14 showed L4-5 mild disc bulge with annular tear. Diagnostic impression: pelvic crush injury, posterior urethral rupture, lumbar herniated disc, urinary dysfunction.Treatment to date: medications, posterior urethral reconstruction.A UR decision on 7/18/14 partially certified the request for tramadol 50 mg #120 with 2 refills to allow for tramadol 50 mg #120 with no refills, on the basis that 2 refills was excessive given the planned 6 week clinical follow-up increments.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #120 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** CA MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has action on opiate receptors, thus criterion for opiate use per MTUS must be followed. In the present case, there is no documentation of continued analgesia or functional improvement from the use of opiates. There is no evidence of lack of aberrant behavior, misuse, or adverse side effects. In addition, there is no discussion of urine drug screens, CURES monitoring, or an opiate pain contract. CA MTUS requires clear and concise documentation for ongoing opioid management. Therefore, the request for Tramadol 50 mg #180 with 2 refills is not medically necessary.