

<b>Case Number:</b>	CM14-0120203		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	11/25/2009
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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, has a subspecialty in Pain Management and is licensed to practice in Texas, and Ohio. 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 injured worker is a 51-year-old female who reported an injury on 11/25/2009 due to an unknown mechanism. Diagnoses were lumbar degenerative disc disease, discogenic low back pain, status post lumbar fusion L4-5 and L5-S1. Past treatments were Toradol injection, physical therapy, epidural steroid injections to the lumbar spine. Diagnostic studies were MRI of the lumbar spine that revealed a L3-4 left lateral disc bulge with mild foraminal stenosis. At the L4-5 and L5-S1 there were annular tears and no significant disc degeneration. Lumbar discogram revealed annular tears at the L4-5 and L5-S1 with discogenic pain upon injection of the disc. Past surgical history was a hysterectomy, bone spur, post-lumbar laminectomy and fusion at the L4-5 and L5-S1 on 10/20/2012, and anterior lumbar decompression and inter-body fusion at the L4-5 and L5-S1 on 10/20/2012. Physical examination on 08/04/2014 revealed complaints of continued pain in the lower back. The pain was reported as stabbing pain in the left buttocks while walking and was rated at a 7/10 in severity with medications, but without medications a 9/10. Examination of the lumbar spine revealed tenderness was positive in the lower lumbar spine, worse over the L4-S1 facet joints with spasms. There was a positive Faber on the left, positive sacral compression on the left and right, worse on the left. Sensory examination was normal in the upper and lower extremity dermatomes. Medications were Nexium, tramadol, Zanaflex, and Voltaren. Treatment plan was to continue medications as directed. The rationale was not submitted. The Request for Authorization was submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL TAB 100 mg, ER, # 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL; ONGOING MANAGEMENT Page(s): 82, 93, 94, 113; 78.

**Decision rationale:** The California Medical Treatment states central analgesic drugs such as tramadol (Ultram) are reported to be effective in managing neuropathic pain and it is not recommended as a first line oral analgesic. The medical guidelines recommend that there should be documentation of the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. Although the injured worker has reported pain relief and functional improvement from the medication, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.