

<b>Case Number:</b>	CM14-0177605		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	07/30/2012
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Physical Medicine and 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:

The injured worker is a 53-year-old woman with a date of injury of 7/30/12. She has been treated for chronic low back pain radiating to the right hip and leg. Physical examination was notable for positive right straight leg raise test, 4/5 strength big toe extension and pain with right hip range of motion. Progress note from 9/29/14 indicates treatment plan consisted of Norco 10/325 every 12 hours when necessary, Lidoderm patch, home exercise program, TENS unit, ice and lumbar epidural steroid injection. Treatment diagnoses include lumbar radiculopathy and lumbar strain. There was a subsequent request for Ultram 50 mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription for Ultram 50mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ultram (tramadol).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

**Decision rationale:** The injured worker presents with chronic lumbar radiculopathy which temporarily improved by 50% following lumbar epidural steroid injection. The patient had been taking Norco as needed for pain and Prilosec for reflux symptoms. Progress note dated 9/29/14

indicates that Norco was making the injured worker nauseas. A trial of Ultram was then recommended. MTUS guidelines indicate that Tramadol is a synthetic opioid analgesic which may be used to treat chronic pain. The request for Ultram 50 mg every 12 hours as needed for pain is consistent with MTUS guidelines. Therefore, this request is medically necessary.