

<b>Case Number:</b>	CM14-0028908		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	04/08/1999
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 Texas. 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 58 year old male who sustained an injury on 04/08/99. The mechanism of injury was not documented. The injured worker has been followed for complaints of chronic neck and low back pain with more severe pain in the lumbar spine. Medications have included Ultram, Norco, Lidoderm patches and Ibuprofen. The injured worker did report 50% functional improvement with medications versus no medications. There was a clinical report on 05/19/14 noting limited range of motion in the neck and low back. Specific pain scores were not provided. Medications were continued at this visit. The injured worker was under a narcotics contract and urine drug screens were reported to be appropriate. The requested Tramadol ER 300mg, quantity 30 was denied by utilization review on 02/24/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMADOL ER 300 MG #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

**Decision rationale:** Tramadol is an analgesic that can be considered as an option in the treatment of moderate to severe musculoskeletal pain. Guidelines do recommend that there be ongoing assessments establishing the efficacy of this class of medication in terms of functional improvement and pain reduction. The clinical report from 05/19/14 did note 50% improvement with symptoms; however, no specific pain scores were documented. The injured worker was stated to have 50% functional improvement; however, it is unclear what type of functional improvement had been obtained. The injured worker was noted to be working 2-3 days every other week. There was overall insufficient documentation establishing pain relief and functional improvement that would have supported the continuing use of this medication. In regards to the request for Tramadol ER 300mg, quantity 30, this reviewer would not have recommended this medication as medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines.