

<b>Case Number:</b>	CM14-0030309		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	11/17/2009
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Illinois. 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 injured worker is a female that was pushing down a 200-pound child with Down's syndrome on November 17, 2009 when she had back pain. The back pain intensified over the next 2 days and became accompanied with stiffness. After getting radiographs and being treated with medications and modified duty, she took time off, but when she returned, she had another student encounter which increased her back pain. She had a magnetic resonance imaging test, physical therapy, modified duty, and medications. For other reasons, she was placed on disability after that. Her working diagnosis for her back was lumbar facet syndrome for which she received in February 2011 with left medial branch blocks; in March 2011 with right radiofrequency lesioning; in July 2011 with left radiofrequency lesioning; in December 2012 with right radiofrequency lesioning; in April 2013 with left radiofrequency lesioning; and in July 2013 left epidural steroid injection. All of the procedures resulted in pain relief except the lumbar epidural steroid injection. She has also had physical therapy and medications. Medications have included Morphine, Vicodin, Norco, Advil, Flexeril, Valium, and Tylenol. The magnetic resonance imaging test in February 2010 showed mild disc desiccation and facet arthropathy at lower three lumbar levels. The magnetic resonance imaging test in May 2013 showed disc bulge at L4-5 and central disc protrusion with contacts a trans-transiting right S1 nerve root at L5-S1. Her pain is 9/10 at its worst and 4/10 at its best. Her exam is noted for tender lumbar spine and positive facet loading test, decreased strength in the left lower extremity with dorsiflexion and plantar flexion. The diagnoses included chronic pain syndrome, disc degeneration, sciatica, lumbago, adjustment disorder with anxiety and depressed mood, myalgia, myositis, hypothyroidism, uncontrolled type 2 diabetes. Despite longterm opiate use, she continues to have worsening pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL 50mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), Pain Chapter, Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), page 113 Page(s): 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Opioids.

**Decision rationale:** Per the Medical Treatment Utilization Guidelines and the Official Disability Guidelines, opioids are not recommended as a first-line treatment for chronic pain, and not recommended in individuals at high risk for misuse or substance abuse. Although opioids appear to be good for chronic back pain, they should be limited for short-term pain relief in individuals with serious low back pain. Long-term efficacy is unclear (>16 weeks), and there is also limited evidence for the use of opioids for chronic low back pain. Failure of activity level to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. In individuals taking opioids for back pain, the use of lifetime substance use disorders has ranged from 36% to 56%. Limited information indicates that up to one-fourth of individuals who receive opioids exhibit aberrant medication-taking behavior. There are three studies comparing tramadol to placebo that have reported pain relief, but this did not necessarily improve function. In this case, the injured worker has had multiple injections and blocks for relief of her back pain with temporary improvement. Chronic pain complaints are complicated by two different psychological disorders. Back pain has not been functionally improved with the use of medications which include morphine, Vicodin, Norco, and Valium, nor has the injured worker returned to work. Therefore, the request for Tramadol HCL 50 mg #120 is not medically necessary and appropriate.