

<b>Case Number:</b>	CM14-0048891		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	06/27/2005
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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, has a subspecialty in Interventional Spine, 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 patient is a 51-year-old male with an injury date of 06/27/05. Based on the 02/11/14 progress report provided by the provider, the patient complains of low back pain with radiation, numbness, and tingling in the bilateral lower extremities. The patient also has muscle spasm in the low back and tenderness noted over midline of lumbar spine. The patient's diagnoses include: single major depressive episode, moderate, displacement of lumbar intervertebral disc without myelopathy, anxiety state, depressive disorder, lumbar post-laminectomy syndrome, and psychalgia. The provider is requesting for Tramadol HCL tab 50mg day supply 30, #120. The utilization review determination being challenged is dated 03/14/14. The provider is the requesting provider and he provided treatment reports from 09/16/13- 03/28/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMADOL HCL TAB 50MG DAY SUPPLY 30, QTY: 120 RX 2/24/14 BY [REDACTED]**  
[REDACTED]: Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) and When to use opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, On-Going Management, Opioids, long-term assessment Page(s): 60-61, 78, 88-89.

**Decision rationale:** According to the 02/11/14 report by the provider, the patient presents with low back pain with radiation, numbness, and tingling in the bilateral lower extremities. The request is for Tramadol HCL tab 50mg day supply 30, #120. Review of the reports show the patient has been taking Tramadol since the first progress report provided (09/16/13). The 02/12/14 report states that the patient notes that "Tramadol is not helping much." There were no pain scales provided or any indication of the impact Tramadol had on the patient. For long-term use of opiates, the MTUS guidelines require documentation of pain and function. Numeric scale or a validated instrument is required once every six months to document function. The MTUS guidelines also require addressing the four A's (analgesia, activities of daily living (ADLs), adverse effects and adverse events). In this case, the documentation is inadequate. No numerical scales are provided, and no specifics are provided regarding functional changes. As such, the recommendation is for denial.