

<b>Case Number:</b>	CM14-0052974		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	05/07/2013
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Internal Medicine and is licensed to practice in Arizona. 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 is a 32-year-old man who was a laborer/concrete cutter who performed repeated bending, stooping, heavy lifting, and put in long hours of standing. His date of injury is April 24, 2013 when he noticed bilateral foot numbness while working. He last worked May 7, 2013 and has been unable to obtain any modified work through his employer. He had an MRI dated September 19, 2013 that showed no herniation, no central canal stenosis. He did have a slight lumbar facet arthropathy. However, an electromyography (EMG) dated October 4, 2013 did show him to have a left sided L5 radiculopathy, with a sub-acute duration. This claimant has had various trials of conservative treatment. He did not benefit from chiropractic treatments, but did benefit from acupuncture and transcutaneous electric nerve stimulation (TENS). He has not yet had an epidural, yet I believe, a barely legible note did say this was pending. He benefits from anti-inflammatories (Naprosyn), Topamax and Tramadol, with a reported reduction in pain and increased functionality. A request has been placed for Tramadol 50mg, #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMADOL HCL 50 MG TABS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009 Page(s): 111-113, 56-57, 67-72, 91-94, 68-69, 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 California Code of Regulations, Opioids for Chronic Pain- Chronic Pain, page 80; When to Continue Opioids and Neuropathic Pain Page(s): 80, 82.

**Decision rationale:** The MTUS does state, Opioids can be continued if the patient has returned to work and/or if the patient has improved functioning and pain. For chronic back pain, opioids appear to be efficacious, but are limited for short-term pain relief, long-term efficacy is unclear (>16 weeks), but also appears limited. A failure 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. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. However, opioids can be considered first-line therapy in the circumstances of treatment of episodic exacerbations of severe pain. This patient has a known lumbar radiculopathy; his pain is aggravated by activity and can be severe (8/10). He is taking first line therapy with the anti-seizure medication Topamax and non-steroidal anti-inflammatory drugs (NSAIDs) which provide some relief, but is still inadequate. The physician has documented that Tramadol 50 mg reduces his pain and improves his ability to function. The limited quantity of 60 pills clearly does not represent ongoing usage. It could only be used for acute flares of pain. This is a justifiable indication for Tramadol and thus is deemed medically necessary.