

<b>Case Number:</b>	CM14-0060390		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	04/10/2006
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 50 year old male with a reported injury date of 04/10/2006. The mechanism of injury was not provided within the clinical notes. The clinical note dated 01/27/2014 reported that the injured worker complained of back pain. The physical examination of the injured worker's lumbar spine revealed tenderness to palpation and decreased range of motion. The injured worker's diagnoses included failed back surgery syndrome lumbar, post-traumatic stress disorder, radiculopathy thoracic or lumbosacral, fitting and adjustment of neuropacemaker (brain), chronic pain due to trauma, myalgia and myositis. The injured worker's prescribed medication list included Baclofen, Lunesta, MiraLax, Senna, tizanidine, Soma, Tramadol, Dyazide, naproxen, Gabapentin, multivitamins, and Docolace. The provider requested Tramadol 50 mg. The request for authorization was submitted on 03/01/2014. The injured worker's previous treatments were not provided in the clinical notes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL 50 mg, take 1 tablet po q4-6 hours as needed, #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), page 113 Page(s): 113.

**Decision rationale:** The MTUS Chronic Pain Guidelines state Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is a lack of clinical information provided documenting the efficacy of Tramadol as evidenced by decreased pain and significant objective functional improvements. Moreover, there is a lack of documentation that the injured worker has had a urine drug screen to validate proper medication adherence in the submitted paperwork. Given the information provided, there is insufficient evidence to determine appropriateness of tramadol to warrant medical necessity. As such, the request is not medically necessary and appropriate.