

<b>Case Number:</b>	CM14-0068596		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	12/21/2000
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 71-year-old female with a 12/21/00 date of injury, and status post laminectomy at L4-5. At the time (5/9/14) of request for authorization for Prescription of Tramadol 50 mg #120, there is documentation of subjective (stabbing like pain in the left side of the back that radiates to the leg; pain rated 7-9/10 with medications) and objective (limited low back range of motion, altered sensory to light touch and pinprick in the left lateral calf and bottom of foot, absent left Achilles reflex, muscle spasm in the lumbar truck with loss of lordotic curvature, left antalgic gait) findings, current diagnoses (flare-up of back pain with left radicular symptoms, prior laminectomy at L4-5; component of neuropathic burning pain in the left leg), and treatment to date (TENS, activity modification, exercises, and medications (including Tramadol since at least 10/12)). 4/28/14 medical report identifies that patient reports at least 50% functional improvement with medications. In addition, 4/28/14 medical report identifies that the patient is under a narcotic contract. There is no documentation that Tramadol is being used as a second-line treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription of tramadol 50 mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-80, 113.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. In addition, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of flare-up of back pain with left radicular symptoms, prior laminectomy at L4-5; component of neuropathic burning pain in the left leg. In addition, given documentation that the patient is under a narcotic contract, there is documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation that the patient reports 50% functional improvement with medications, there is documentation of functional benefit or improvement as a result of tramadol use to date. However, there is no documentation that Tramadol is being used as a second-line treatment. Therefore, based on guidelines and a review of the evidence, the request for Prescription of Tramadol 50 mg #120 is not medically necessary.