

<b>Case Number:</b>	CM14-0085771		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/15/2009
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	05/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Family Practice 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:

Female claimant sustained a work injury on 4/27/09 involving the neck and back. She was diagnosed with chronic cervical and lumbar pain. An MRI in 2012 showed disk dessication of L3-S1 and an annular tear in L4-S1. The claimant had been on Tramadol since at least January 2014 at which time there was palpatory tenderness in the lumbar spine with spasms. A progress note on 5/7/14 indicated the claimant had 6/10 back pain for which Tramadol reduced it to 4/10. Exam findings were notable for no change from prior visits. The claimant was continued on Tramadol 50 mg BID #200.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg by mouth two times daily, #200.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use And Opioids for chronic pain Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92-93.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options

(such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain and function were unchanged over several months. The Tramadol prescribed exceeded a month's supply. Extended opioid use without monitoring is not recommended. In addition, chronic opioid use is not recommended. Failure of 1st line options is not noted. The continued use of Tramadol as above is not medically necessary.