

<b>Case Number:</b>	CM14-0088619		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	11/19/2012
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 and is licensed to practice in Alabama. 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 55 year old male who was injured on 11/19/2012 while putting up steel post. Prior medication history included Naprosyn, Prilosec, Flexeril, and Tramadol. Prior treatment history has included physical therapy and TENS (Transcutaneous Electric Nerve Stimulation) (No VAS (visual analog scale for pain) was provided). Progress report dated 07/11/2014 indicates the patient presented with a diagnosis of disc bulge at L4-L5 and left L5 radiculopathy. He continues to have back pain and radiating leg pain. Objective findings on exam revealed 2+ lumbar paraspinous muscle spasm. There is tenderness to palpation along these muscles. Deep tendon reflexes are equal and symmetric at the knees and ankles. Motor strength is 5/5 in all muscle groups of the bilateral lower extremities. He has a positive straight leg raise on then left at 60 degrees. His sensation is decreased to light touch and pinprick in the L5 dermatome on the left. He is diagnosed with lumbosacral strain with disc bulge at L4-L5 and left L5 radiculopathy. His medications were refilled including Flexeril, Prilosec, Naprosyn and Tramadol. Prior utilization review dated 05/13/2014 states the request for Tramadol ER 150mg #60 is modified to certify Tramadol ER 150 mg #30 as gradual weaning is recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol  
Page(s): 84, 93-94.

**Decision rationale:** The above MTUS guidelines state that for tramadol "A recent Cochrane review found that this drug decreased pain intensity, produced symptom relief and improved function for a time period of up to three months but the benefits were small (a 12% decrease in pain intensity from baseline). Adverse events often caused study participants to discontinue this medication, and could limit usefulness. There are no long-term studies to allow for recommendations for longer than three months." In this case, the patient had a plan to refill tramadol on as listed on progress note from 3/28/14, which implies that it was filled at least the month prior in February 2014. Because the guidelines state that there are "no long-term studies to allow for recommendations for longer than three months," the patient should have been weaned off by around May 2014. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request of Tramadol ER 150mg #60 is not medically necessary and appropriate.