

<b>Case Number:</b>	CM14-0094104		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	07/05/2000
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 & Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 65-year-old male was reportedly injured on July 5, 2000. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated March 10, 2014, indicates that there are ongoing complaints of low back pain radiating to the left lower extremity and left hip pain. Pain scale stated to be 7/10 without medication and 5/10 with medication. The physical examination demonstrated tenderness along the lumbar spine from L4 through S1. There was slightly decreased lumbar spine range of motion secondary to pain. Diagnostic imaging studies of the lumbar spine noted a fusion at L4 - L5. There was also a fatty collection or granulation tissue collection which causes severe left sided foraminal stenosis. Previous treatment includes multiple lumbar spine surgeries to include a fusion. A request had been made for Tramadol 50 mg and Tramadol ER 100 mg and was not certified in the pre-authorization process on May 29, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL 50mg Tablet, 1 PO (by mouth) OD (once daily) #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88, 84.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 82, 113 OF 127.

**Decision rationale:** The California MTUS Guidelines support the use of Tramadol (Ultram) for short-term use after there is been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. Review of the available medical records fails to document any improvement in the ability to function or participate in activities of daily living with the previous use of Tramadol. As such, the request for Tramadol 50 mg is not considered medically necessary.

**Tramadol ER 100mg Tablet, 1 tab OD (once daily) #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88, 84.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 82, 113 OF 127.

**Decision rationale:** The California MTUS Guidelines support the use of Tramadol (Ultram) for short-term use after there is been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. Review of the available medical records fails to document any improvement in the ability to function or participate in activities of daily living with the previous use of Tramadol. As such, the request for Tramadol ER 100 mg is not considered medically necessary.