

<b>Case Number:</b>	CM14-0173233		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	11/20/2013
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 Occupational Medicine, 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 20, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; extensive periods off work; and unspecified amounts of acupuncture. In a September 30, 2014 progress note, the claims administrator denied a request for tramadol. The applicant's attorney subsequently appealed. In an August 27, 2014 progress note, the applicant reported ongoing complaints of low back pain with associated radicular complaints, 9/10. The applicant's medication included Motrin and Tylenol; it was stated in one section of the note. Tramadol and Tizanidine were prescribed at the bottom of the report. An updated lumbar MRI and acupuncture were sought while the applicant was placed off work, on total temporary disability. The note in question was entitled an 'initial evaluation' report. In an earlier note dated January 10, 2014, it was acknowledged that the applicant was off work, despite using naproxen, Norco, and Medrol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL 50mg #90 with 5 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 63,66 AND 113.

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

**Decision rationale:** While page 113 of the MTUS Chronic Pain Medical Treatment Guidelines does note that tramadol, the article at issue here, is not a first-line analgesic, in this case, however, the applicant had seemingly tried and failed numerous other first and second-line agents, including Norco, naproxen, Motrin, Tylenol, etc., before tramadol was considered. The request in question was a first-time request for tramadol and was initiated on the applicant's first office visit with the requesting provider. Therefore, the request was medically necessary.