

<b>Case Number:</b>	CM14-0180370		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	02/03/2011
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 Tennessee. 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:

This is a 31-year-old female with a 2/3/11 date of injury. The injury occurred when she bent over to reposition a champagne box to bring it closer to her and felt a sharp pain in the left side of her lower back that radiated into her left buttock and leg. According to a progress report dated 9/15/14, the patient reported low back pain with left lower extremity symptoms, rated as a 7/10. She went to the emergency room last week due to increased pain. She indicated that her activities of daily living were maintained with medication. Medication facilitated maintenance of recommended exercise level and healthy activity level. Several examples of objective improvement with medication on board included tolerance to activity and improved range of motion. Tramadol ER decreased her pain by an average of 5 points on a scale of 10. Objective findings: lumbar spine tenderness, decreased lumbar range of motion, diminished sensation of left L5 and S1 dermatomal distributions. Diagnostic impression: left lumbar radiculopathy secondary to L5-S1 protrusion, status post remote lumbar decompression. Treatment to date: medication management, activity modification, surgery. A UR decision dated 10/23/14 denied the request for Tramadol ER 100mg, #60. This medication is not normally used as a first-line medication per the CA MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol Hydrochloride ER 100mg, quantity #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates; Tramadol Page(s): 78-81; 113.

**Decision rationale:** CA MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has action on opiate receptors, thus criterion for opiate use per MTUS must be followed. CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the present case, there is no documentation that this patient has had a trial and failure of a first-line oral analgesic medication. In addition, there is no documentation of lack of aberrant behavior, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Tramadol Hydrochloride ER 100mg, quantity #60 was not medically necessary.