

<b>Case Number:</b>	CM14-0190897		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	02/27/2009
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Emergency Medicine and is licensed to practice in Texas. 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 injured worker is a 34-year-old male who reported an injury on 02/27/2009. The mechanism of injury involved a fall. The current diagnoses include left L5-S1 herniated nucleus pulposus; status post left L5-S1 decompression on 02/07/2013, lumbar degenerative disc disease, and status post revision decompression on 09/05/2013. The injured worker presented on 10/24/2014 with complaints of persistent lower back pain rated 6/10. Previous conservative treatment is noted to include physical therapy and medication management. The physical examination revealed negative straight leg raise, tenderness over the left trochanter, decreased range of motion of the lumbar spine by 20%, a well healed incision, normal pulses, and negative swelling. Treatment recommendations at that time included a refill of the current medication regimen and a magnetic resonance imaging (MRI) of the lumbar spine. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 mg, qty 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has "failed a trial of nonopioid analgesics." Ongoing review and

documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There is no indication that this injured worker is currently utilizing Tramadol 50 mg. The injured worker's current medication list was not provided. There is also no frequency listed in the current request. There is no mention of a failure of nonopioid analgesics. Based on the clinical information received, the request is not medically necessary.