

<b>Case Number:</b>	CM14-0192049		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	12/04/2009
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	11/11/2014
<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 Family Medicine and is licensed to practice in Ohio. 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 37-year-old male who injured his low back December 4, 2009 while lifting and air-conditioning. He has complained of low back pain radiating to the lower extremities. An MRI scan of the lumbar spine is revealed herniated nucleus pulposus of the lumbar spine with bilateral pars fractures and bilateral foraminal stenosis at L4-L5. The physical exam reveals diminished lumbar range of motion a normal lower extremity neurologic exam and negative straight leg raise testing bilaterally. The injured worker has had medication, acupuncture, one facet joint injection, and four epidural steroid injections. Previous medication has included Percocet, Ativan, Ritalin and, Motrin, and Ambien. He recently weaned from Percocet was started on tramadol 50 mg with directions to be taken one every 4 to 6 hours as needed for pain. The medical record documents pain relief from an 8/10 to a 6/10 with tramadol and improved functionality with specific examples given. A signed opiate agreement is on file and urine drug screens have been consistent. He is being considered for a fusion at L4-L5. At issue is a request for tramadol 50 mg, #150.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL 50mg:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** Patients prescribed opiates for chronic pain that require assessment for pain relief, functionality, medication side effects, and aberrant drug taking behavior. In opiate agreement should be in place. The opioids may generally be continued if there is improved pain and functionality because of the medication. In this instance, the medical record documents improvements in pain and functionality as result of the use of tramadol. Appropriate monitoring is occurring for aberrant drug taking behavior. Therefore, tramadol 50 mg, #150, is medically appropriate and necessary. This medication was denied previously by the utilization review physician. It seems that physician was under the impression that the injured worker was allowed to take upwards of 200 mg at a time of the tramadol that potentially would greatly exceed the maximum recommendations of 400 mg daily. It is clear from the medical record at the intention of the treating physician was for no more than 300 mg daily.