

<b>Case Number:</b>	CM14-0195721		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	03/31/2011
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	11/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 Practice 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:

59 year old male claimant sustained a work injury on 3/31/11 involving the neck and back. He had a cervical fusion at C4-C6 in 2012. A magnetic resonance imaging (MRI) in 2013 indicated the claimant had disc protrusion at multiple levels in the thoracic spine. He underwent an MRI of the lumbar spine in January 2014 which showed degenerative disc disease. He had weakness in the legs with recurrent episodes of falls. X-rays of the cervical spine in June 2014 were stable. A progress note on 3/19/14 indicated the claimant had 6/10 pain. Exam findings were notable for bilateral upper and lower extremity weakness. Cervical spine range of motion was decreased 20% and lumbar spine was reduced 50%. The claimant was treated with Ultram, Celebrex and Norco at the time. A recent progress note on 11/5/14 indicated the claimant had been on Norco for several months for pain. The claimant had 3/10 pain with medication. Exam findings were notable for bilateral upper and lower extremity weakness. The lumbar spine had 40% decreased in range of motion. The physician wished to wean him off of Norco and switch to Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg quantity 90:** Upheld

**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, Tramadol Page(s): 82-92 ,92-93.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain increased over time while on the medication. According to the California MTUS guidelines, opioids such as Norco or Tramadol are not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. They are recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco and Tramadol for over a year. The continued and chronic use of Tramadol is not medically necessary.