

<b>Case Number:</b>	CM14-0195749		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	12/05/2006
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	10/22/2014
<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:

47 year old female claimant sustained a work injury on 12/5/06 involving the low back. She was diagnosed with lumbar degenerative disc disease. A progress note on 2/1/14 indicated the claimant had 2-4/10 pain. Exam findings were notable for straight leg raise testing to be equivocal bilaterally. Range of motion was reduced. The claimant had been treated with Tramadol 100 mg daily and Celebrex 200 mg BID. A progress note on 8/12/14 indicated the claimant had continuous exacerbated level of pain. Exam findings were unchanged. The claimant was increased to Tramadol 100 mg BID # 180.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL ER 100 mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 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 without change in function. He had been given a 3 month request of medication without determining future pain response on a monthly basis. The Tramadol ER as above is not medically necessary.