

<b>Case Number:</b>	CM14-0207185		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	02/16/2004
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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:

60-year-old male claimant sustained a work injury on February 16, 2004 involving the low back. He was diagnosed with lumbar radiculopathy and facet arthropathy. An MRI of the lumbar spine in March 2014 showed an annular tear of the L5- S1 and disc protrusion of T 12 - L1. You had previously been treated with Naproxen and Gabapentin. A progress note on September 23, 2014 indicated claimant had 8/10 pain medications and 9/10 pain without medications. Examination was notable for tenderness in the lumbar region this painful range of motion. The claimant remained on Naproxen and Gabapentin. Tramadol was added for pain relief. A progress note on October 21, 2014 indicated 7/10 pain with medications and 9/10 without. Exam findings were similar and the claimant remained on the above medications. Additionally, a lumbar epidural steroid injection was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management; Opioids for Chronic Pain Page(s): 46, 78, 80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**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 did not improve substantially while on the medication. In addition, there was no indication for combining several classes of pain medication. The continued use of Tramadol as above is not medically necessary.