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| <b>Case Number:</b>   | CM15-0003991 |                              |            |
| <b>Date Assigned:</b> | 01/15/2015   | <b>Date of Injury:</b>       | 07/22/2013 |
| <b>Decision Date:</b> | 03/13/2015   | <b>UR Denial Date:</b>       | 12/20/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/08/2015 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: New Jersey, New York  
Certification(s)/Specialty: Family Practice

### 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 32 year old male, who sustained an industrial injury on 07/22/2013. On provider visit dated 12/15/2014, he has reported consistent back pain and leg pain. The diagnoses have included lumbar disc displacement without myelopathy and sciatica. Treatment to date has included Tramadol for pain however documentation states he had not been able to fill prescription for several months. He also was noted to have had an electromyography of the bilateral lower extremities and was noted to have normal results. Treatment plan include Tramadol HCL 50mg #90. On 12/20/2014 Utilization Review modified Tramadol HCL 50mg #90. The CA MTUS, Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL 50mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

**Decision rationale:** The request for Tramadol is medically unnecessary. There is no documentation all of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. Side effects and aberrant drug behaviors were not documented. There were no urine drug screenings or drug contract. Tramadol had improved pain and movement but recent objective documentation of improvement in pain and functional capacity was not documented. The patient had another review in which weaning off the tramadol was recommended. Because of these reasons, the request for Tramadol is considered medically unnecessary.