

<b>Case Number:</b>	CM15-0004123		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	05/17/2012
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 62 year old male who sustained an industrial injury on 05/17/2012. He has reported lower back pain for which he received physical therapy which did not improve his condition. A lumbar laminectomy at L4-5 bilaterally was done on 01/22/2013 followed by physical therapy. He was released as permanent and stationary on 10/31/2013. The diagnoses have included musculoligamentous sprain /strain lumbar spine, MRI evidence of pre-existing degenerative disc disease, lumbar spine that was work aggravated., and status post lumbar laminectomy , discectomy and foraminotomies 01/3/2013. Currently, the IW complains of ongoing low back pain with intermittent numbness and tingling in the left leg. The IW had some sensations of shocking nerve pain from the left big toe into the foot and calf region. Objectively the IW had normal gait and arm swing without assistive devices. Diagnoses include cervical sprain and lumbar spinal stenosis. Tramadol 50 mg #30 was prescribed on 12/01/2014. On 12/16/2014 Utilization Review non-certified a Tramadol 50mg #30, noting the there was no documentation of the efficacy provided by the medication, nor was there a risk assessment provided in the medical records. MTUS Opioids Guidelines was cited. On 01/07/2015, the injured worker submitted an application for IMR for review of decision to deny the Tramadol request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 50 mg #30 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed for pain and function. In this case, the injured workers working diagnoses are cervical sprain; and spinal stenosis, lumbar. The injured worker underwent a lumbar laminectomy L4 - L5, partial facetectomy and foraminotomies at L4 - L5, decompressing the L5 nerve root on January 22, 2013. The injured worker completed a postoperative course of physical therapy and used Ultram as needed. Documentation reflects the injured worker was taking Ultram (Tramadol) as far back as January 22, 2010. Subjectively, the injured worker complains of low back pain with intermittent numbness and tingling in the left leg. Objectively, the injured worker has a normal gait and arm swing. Lower extremity muscle strength was 5/5 and neurologically the injured worker was intact. The documentation did not contain evidence of objective functional improvement. There were no risk assessments and no pain assessments in the medical record. Consequently, absent clinical documentation with objective functional improvement to support the ongoing use of Tramadol, Tramadol 50 mg #30 is not medically necessary.