MAXIMUS Federal Services

| Case Number: | CM15-0005229 | | |
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| Date Assigned: | 01/16/2015 | Date of Injury: | 06/11/2009 |
| Decision Date: | 03/23/2015 | UR Denial Date: | 01/09/2015 |
| Priority: | Standard | Application Received: | 01/09/2015 |

## 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: Arizona, Michigan
Certification(s)/Specialty: Preventive Medicine, Occupational 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 61 year old female, who sustained an industrial injury on 6/11/2009. Details of initial injury not submitted for review. Treatment to date has included lumbar facet joint radiofrequency ablation, SI joint injection, medial branch block to L4-L5, and three radiofrequency ablations to left L3-L5 and S1. Greater than 100% pain relief noted post lumbar medial branch radiofrequency L3-S1 completed 5/30/14. Currently, the IW complains of low back pain over left buttock rated 7/10 VAS relieved to 4/10 VAS with medications. Physical examination 9/17/14 documented positive Faber test, negative facet loading, Gaenslen's test positive, and tenderness of left side paravertebral muscles. Diagnoses listed were lumbar facet syndrome, lumbar disc disorder, lumbar radiculopathy, sacroiliitis and low back pain.On 1/9/2015 Utilization Review non-certified Tramadol HCL 50mg #45, and modified certification for Tramadol HCL 50mg #45, noting the quantity of 45 was allowed for weaning. The MTUS Guidelines were cited.On 1/9/2015, the injured worker submitted an application for IMR for review of Tramadol HCL 50mg #90.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Tramadol HCL 50mg quantity 90.00:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.Tramadol (Ultram). Page(s): 74-96, 113..

**Decision rationale:** The MTUS states that Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Opioids are recommended for chronic pain, especially neuropathic pain that has not responded to first line recommendations antidepressants and anticonvulsants. Long terms users should be reassessed per specific guideline recommendations and the dose should not be lowered if it is working. Per the MTUS, Tramadol is indicated for moderate to severe pain. A review of the injured workers medical records that are available to me show that she appears to be having a satisfactory response to her current regimen of medications which include, tramadol, celebrex, gabapentin, cymbalta, lorazepam, flexeril, nexium and voltaren gel. There does not appear to be any aberrant drug taking behavior as her last urine drug screen was consistent with the medications prescribed and there is documented improvement in pain and function with the use of her medications. therefore based on the injured workers clinical presentation and the guidelines the request for Tramadol HCL 50mg quantity 90.00 is medically necessary and appropriate.