

<b>Case Number:</b>	CM15-0102261		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	08/01/2007
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 male, who sustained an industrial injury on 8/01/2007. Diagnoses include lumbar disc disease, lumbar radiculitis, cervical disc disease, post laminectomy syndrome and knee pain. Treatment to date has included surgical and conservative interventions including lumbar fusion (2010) and subsequent hardware removal (2013), electrodiagnostic testing, medications, massage therapy, physical therapy, injections, chiropractic care, and acupuncture. Magnetic resonance imaging (MRI) of the lumbar spine (undated) was read by the evaluating provider as showing disc bulging. EMG (electromyography) dated 4/30/2012 was read as revealing electrodiagnostic evidence of chronic bilateral L5-S1 radiculopathy without acute denervation. Per the Primary Treating Physician's Progress Report dated 2/12/2015 the injured worker reported moderate to severe constant low back pain and bilateral lower extremity with radicular pain and left upper extremity with numbness. He also reports bilateral knee pain. Physical examination of the lumbar spine was unable to be performed due to post-operative status limited by pain and apprehension. The plan of care included medication and authorization was requested for Tramadol 37.5/325mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Tramadol 37.5/325 mg #60 with a dos of 1/6/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76, 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p 76-80 (2) Opioids, dosing, p 86 Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work-related injury in August 2007 and continues to be treated for low back pain with bilateral lower extremity radicular symptoms. When seen, pain was rated at 8/10. Medications include Tramadol/acetaminophen at a total MED (morphine equivalent dose) of 25 mg per day. Tramadol/acetaminophen is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED (morphine equivalent dose) is less than 120 mg per day, there is no documentation that medications are providing decreased pain, increased level of function, or improved quality of life. Therefore, continued prescribing was not medically necessary.