

<b>Case Number:</b>	CM15-0108592		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	04/25/2011
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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, California  
 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 36 year old male, who sustained an industrial injury on 4/25/2011. He reported pain in his low back when bending over to cut plastic, and was initially diagnosed with lumbosacral sprain and lower back pain. The injured worker was diagnosed as having neural encroachment bilateral L5-S1 with radiculopathy and lumbar spondylosis. Treatment to date has included diagnostics, physical therapy, chiropractic, modified work, and medications. The use of Tramadol was noted since at least 4/2012. Currently (4/09/2015), the injured worker complains of low back pain with lower extremity symptoms, right greater than left. Pain was rated 7/10. Medications included Tramadol ER, Hydrocodone, Naproxen, and Omeprazole. He reported gastrointestinal upset with nonsteroidal anti-inflammatory drug use, despite proton pump inhibitor use. Objective findings for the lumbar spine included tenderness, limited range of motion with pain, positive straight leg raise bilaterally, and spasm. His work status was permanent and stationary. Pain levels were unchanged for several months. Urine toxicology was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 9, 74-97, 111-113.

**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. In this case, the claimant was on Tramadol along with Hydrocodone and Naproxen. The claimant did not tolerate NSAIDs and did not improve with Tricyclics. The claimant however was on Tramadol for several months in combination with Norco and had required increasing amount of Tramadol. There was no mention of Tylenol failure. There is no justification for multiple opioids and no one opioid is superior to another. Continued use of Tramadol is not medically necessary.