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| <b>Case Number:</b>   | CM15-0135949 |                              |            |
| <b>Date Assigned:</b> | 07/23/2015   | <b>Date of Injury:</b>       | 11/14/1994 |
| <b>Decision Date:</b> | 08/20/2015   | <b>UR Denial Date:</b>       | 06/17/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/14/2015 |

### 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 was a 70 year old male who sustained an industrial injury on 11/14/94. The mechanism of injury was unclear. He currently complains of constant low back pain with pain, numbness and tingling down the right L5 dermatomal distribution to the level of the ankle and a pain level of 7/10. On physical exam of the lumbar spine there was tenderness to palpation at L4- 5 and L5-S1 disc spaces with reduced range of motion, straight leg raise and slump maneuvers were positive on the right producing pain, numbness and tingling down the L5 dermatomal distribution. Medication was Tramadol which was effective in controlling pain. Diagnoses include low back pain, due to multilevel degenerative disc disease of the lower lumbar spine; right L5 radiculopathy; lumbosacral neuritis. In the progress note dated 3/2/15 the treating provider's plan of care included a request for Tramadol 50 mg #60 with five refills as needed for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #60 with 5 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram; Ultram ER; generic available) - When to continue Opioids.

**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. Although it may be a good choice in those with back pain, the claimant's pain reduction with the use of Tramadol nor the length of use was noted. The claimant had also been on Norco and no one opioid is superior to another. Continued of Tramadol is not justified and not 5 additional refills are medically necessary.