

<b>Case Number:</b>	CM15-0142306		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	12/12/1994
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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 55 year old female, who sustained an industrial injury, December 12, 1994. The injured worker previously received the following treatments Tramadol, Mobic, Norco, Zohydro ER and lumbar spine MRI with contrast on May 15, 2015. The injured worker was diagnosed with degeneration of the lumbar intervertebral disc, lumbar radiculopathy, arthropathy of the lumbar facet joint, degeneration of lumbar intervertebral disc and constipation. According to progress note of May 19, 2015, the injured worker's chief complaint was chronic low back pain in the setting of degenerative disc disease. The injured worker was being seen for medication refills. The injured worker rated the pain at 8 out of 10 without pain medication and 5-6 out of 10 with pain medication. The injured worker had effective pain control with the Tramadol. The injured worker did not usually take the Norco, due to interference with concentration at work. The treatment plan included a prescription refill for Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg 2 tablets 3 times daily. Qty: 180: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94 and 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 82-92.

**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 response to Tramadol alone is unknown. It was used with Mobic (NSAID) and occasionally with Norco. No one opioid is superior to another. Tramadol is not intended for long-term use. Failure of Tylenol, Tricyclic or weaning failure is not noted. Continued use of Tramadol is not medically necessary.