

<b>Case Number:</b>	CM15-0142447		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	07/05/2011
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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: Texas, 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 37 year old female, who sustained an industrial injury on July 5, 2011. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included medication. Currently on 6/25/15, the injured worker complains of constant low back pain that radiates to both buttocks and hips (left greater than right). The pain intermittently travels down her left thigh to her left knee area and left ankle. She reports right lower extremity pain is occasionally experienced and there is numbness and tingling in both legs. The pain is increased by sitting, stooping and lifting. She reports she is unable to drive for more than 10 minutes at a time. She reports bilateral hand numbness and tingling that is exacerbated by driving or fixing her hair and is rated at 7 on 10. The injured worker is diagnosed with lumbosacral spondylosis without myelopathy, lumbar or lumbosacral arthritis, osteoarthritis, spondylosis and chronic pain syndrome. Her work status is modified duty, permanent and stationary; however, she is not currently working. A note dated June 20, 2015 states the injured worker is experiencing decreased functioning due to the pain. A medication, Tramadol 50 mg (unspecified quantity) is requested to continue to provide the injured worker with pain relief. The medication list include Tramadol, Ibuprofen, Valium, Soma, Flexeril, Vicodin and Neurontin. Physical examination of the lumbar spine on 6/25/15 revealed limited range of motion and positive SLR, decreased sensation in right foot, mild limping gait. Physical examination of the bilateral wrists revealed positive Tinel and Phanel sign.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg Tablet, Unspecified quantity: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009), Page 75 Central acting analgesics: Page 82 Opioids for neuropathic pain.

**Decision rationale:** Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol can be used for chronic pain and for treatment of episodic exacerbations of severe pain. Currently on 6/25/15, the injured worker complains of constant low back pain that radiates to both buttocks and hips (left greater than right). The pain intermittently travels down her left thigh to her left knee area and left ankle. She reports right lower extremity pain is occasionally experienced and there is numbness and tingling in both legs. The pain is increased by sitting, stooping and lifting. She reports she is unable to drive for more than 10 minutes at a time. She reports bilateral hand numbness and tingling that is exacerbated by driving or fixing her hair and is rated at 7 on 10. The injured worker is diagnosed with lumbosacral spondylosis without myelopathy, lumbar or lumbosacral arthritis, osteoarthritis, spondylosis and chronic pain syndrome. A note dated June 20, 2015 states the injured worker is experiencing decreased functioning due to the pain. Physical examination of the lumbar spine on 6/25/15 revealed limited range of motion and positive SLR, decreased sensation in right foot, mild limping gait. Physical examination of the bilateral wrists revealed positive Tinel and Phanel sign. Patient is already taking a NSAID and a muscle relaxant. There is no evidence of any medication abuse. The patient has chronic pain and the patient's medical condition can have intermittent exacerbations. Having Tramadol available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary. This request for Tramadol 50mg Tablet, Unspecified quantity is deemed as medically appropriate and necessary.