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| <b>Case Number:</b>   | CM15-0142982 |                              |            |
| <b>Date Assigned:</b> | 08/03/2015   | <b>Date of Injury:</b>       | 05/13/2002 |
| <b>Decision Date:</b> | 08/31/2015   | <b>UR Denial Date:</b>       | 06/27/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/23/2015 |

### 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 60 year old male, who sustained an industrial injury on 5-13-02. He has reported initial complaints of a low back injury while at work. The diagnosis includes low back pain. Treatment to date has included medications, activity modifications, work restrictions, and home exercise program (HEP). Currently, as per the physician progress note dated 6-16-15, the injured worker complains of low back pain in the lumbar area that radiates to the buttocks and thighs. The pain is chronic and constant and the injured worker notes pain relief with use of Tramadol. The physical exam reveals tenderness is noted in the lumbar paraspinal muscles. There is no previous urine drug screen reports noted in the records. The physician requested treatment included Tramadol 50mg #100 with 5 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #100 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to continue/discontinue Opioids, Weaning of medications.

**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 scores were not recently noted. There was no mention of Tylenol, Tricyclic or weaning failure. Chronic use is not indicated and the Tramadol is not medically necessary.