

<b>Case Number:</b>	CM15-0142995		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	04/03/2007
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/30/2015
<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 58-year-old male, who sustained an industrial injury on 04-03-2007. Initial complaints and diagnosis were not clearly documented. On provider visit dated 06-22-2015 the injured worker has reported pain. On examination of the thoracic spine revealed tenderness to palpation of the lower thoracic spine and paraspinals with mild muscle spasms. Lumbosacral spine was noted to have tenderness to palpation to paraspinals and paralumbar muscle tightness. The diagnoses have included chronic pain syndrome. Treatment to date has included acupuncture, and medication noted as Tramadol ER, Tramadol HCL, Meloxicam, Cymbalta, Ambien, Losartan Potassium, Zocor and Protonix. The provider requested Tramadol ER and Tramadol HCL.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 200mg qty: 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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, 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 was on Tramadol and Meloxicam for several months. There was no mention of Tylenol, Tricyclic or weaning failure. Long-term use of Tramadol ER is not recommended. Pain reduction due to Tramadol vs. Tramadol ER vs. Meloxicam cannot be determined. Continued use of Tramadol ER is not medically necessary.

**Tramadol HCL 50mg qty: 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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, 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 was on Tramadol and Meloxicam for several months. There was no mention of Tylenol, Tricyclic or weaning failure. Long-term use of Tramadol ER is not recommended. Pain reduction due to Tramadol vs. Tramadol ER vs. Meloxicam cannot be determined. Continued use of Tramadol is not medically necessary.