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| <b>Case Number:</b>   | CM15-0144676 |                              |            |
| <b>Date Assigned:</b> | 08/05/2015   | <b>Date of Injury:</b>       | 01/29/2015 |
| <b>Decision Date:</b> | 09/02/2015   | <b>UR Denial Date:</b>       | 07/09/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/27/2015 |

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 28-year-old male who sustained an industrial/work injury on 1-29-15. He reported an initial complaint of low back pain. The injured worker was diagnosed as having thoracic, lumbar, and right sacroiliac joint sprain-strain. Treatment to date includes medication. Currently, the injured worker complained of low back pain that increased with slouching. Per the primary physician's report (PR-2) on 7-6-15, exam revealed tenderness to palpation over the right sacroiliac joint and gluteal musculature, the paravertebral musculature in the lumbar spine and lower levels of the thoracic spine with mild paraspinal muscle spasm, range of motion was decreased, sensation was intact, reflexes were normal, no gross muscle weakness, sacroiliac stress test was positive on the right and straight leg raise elicited increased low back pain without radicular symptoms. Flexion is 32 degrees, extension is 13 degrees, right and left side bending is 12 degrees. Current plan of care included medication. The requested treatments include Tramadol 50 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 mg Qty 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 50 mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are thoracic musculoligamentous sprain strain; and lumbar musculoligamentous sprain strain and right sacroiliac joint sprain. The date of injury is January 29, 2015. Request for authorization is May 26, 2015. The injured worker sustained an injury to the low back and was initially seen in the emergency department. The injured worker did not seek follow-up care until May 26, 2015 with follow-up at the treating orthopedist. The injured worker did not receive prescription drugs, medications or other treatment since January 2015 (at the ED). The orthopedic provider prescribed Tramadol, cyclobenzaprine and Anaprox. Tramadol is a second line opiate medication. There is no documentation of first-line opiate treatment failure. Moreover, the injured worker did not receive opiate treatment until the May 26, 2015 initial encounter. Consequently, absent guideline recommendations for a second line opiate (tramadol), Tramadol 50 mg #120 is not medically necessary.