

<b>Case Number:</b>	CM15-0146097		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	10/24/2005
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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: Hawaii, California, Iowa

Certification(s)/Specialty: Preventive Medicine, Occupational 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 59-year-old male, who sustained an industrial injury on 10-24-2005. The injured worker is currently not working. The injured worker is currently diagnosed as having cervical radiculitis, failed lumbar back surgery syndrome, lumbar radiculitis, status post lumbar spine fusion, carpal tunnel syndrome, chronic constipation, chronic pain, and possible broken lumbar spine hardware. Treatment and diagnostics to date has included use of TENS (Transcutaneous Electrical Nerve Stimulation) Unit which has been helpful and use of medications. In a progress note dated 06-22-2015, the injured worker reported neck pain that radiates down bilateral upper extremities and low back pain that radiates down bilateral lower extremities. The injured worker rates his pain as 7 out of 10 on average with medications since last visit and 9 out of 10 on average without medications. Objective findings included slightly limited cervical spine range of motion due to pain with noted cervical tenderness and moderately limited lumbar spine range of motion with noted lumbar tenderness. The physician also noted that a urine toxicology screen from 12-16-2013 was consistent with the injured worker's medications and a lumbar spine MRI dated 02-09-2012 showed straightening of the lumbar spine likely due to muscle spasms, surgically fused L4-5 and L5-S1 areas, two-level posterior fixation device at L4, L5, and S1 vertebrae, interbody spacer device noted at L4-5, diffuse high signal noted at L5-S1, spondylotic changes noted throughout the lumbar spine, and diffuse disc protrusion noted at L1-2, L2-3, L3-4, L4-5, and L5-S1. The treating physician reported requesting authorization for Tramadol.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg quantity 60 with one refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol (Ultram) Page(s): 74-96, 113.

**Decision rationale:** According to California MTUS Chronic Pain Medical Treatment Guidelines, "Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic". The Guidelines also discourage long-term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". MTUS further outlines that opioids can be continued if the injured worker has returned to work. The treating physician does document pain relief with medication, the least reported pain over the period since last assessment, intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, and improvement in function. However, the provided documents indicate that the worker has not returned to work. Therefore, based on the Guidelines and the submitted records, the request for Tramadol is medically necessary.