

<b>Case Number:</b>	CM15-0147887		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	01/09/2011
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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/work injury on 1-9-11. He reported an initial complaint of low back pain. The injured worker was diagnosed as having thoracic spine pain, thoracic and lumbar compression fractures at T11-12 and L1, lumbar facet hypertrophy, and lumbar degenerative disc disease. Treatment to date includes medication, chiropractic care, acupuncture, physical therapy, and injections. Currently, the injured worker complained of continued upper and lower back pain rated 10 out of 10. The pain is sharp achy and radiates into the left shoulder. Per the primary physician's report (PR-2) on 6-22-15, exam noted an antalgic gait with use of a single point cane, able to sit comfortably, decreased range of motion in all planes, positive severe tenderness to palpation over the lumbar paraspinal muscle, spasms were noted in the lumbar spine, positive straight leg raise on the left at 30 degrees, and tenderness over the L4-5, L5-S1 facet joints and positive facet loading on left. Current plan of care included microlumbar decompression option and medication. The requested treatments include Tramadol 37.5/525 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 37.5/525 mg Qty 120: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Tramadol (Ultram); Opioids Page(s): 115, 78-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

**Decision rationale:** The claimant sustained a work-related injury in January 2011 and is being treated for upper and lower back pain. Medications are referenced as decreasing pain from 10/10 to 4/10 with improved activity tolerance. When seen, he was having increased left lower extremity weakness. A lumbar decompression was pending. There was an antalgic gait with a cane. There was decreased lumbar range of motion with muscle spasms and severe tenderness. Straight leg raising was positive. There was decreased left lower extremity strength and sensation. There was facet joint tenderness with positive facet loading. Ultracet was prescribed at a total MED (morphine equivalent dose) of 30 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Ultracet (tramadol/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain and improved activity tolerance. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.