

<b>Case Number:</b>	CM15-0164569		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	10/26/2014
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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, North Carolina  
 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 42 year old female, who sustained an industrial injury on 10-26-2014. She reported low back pain from mopping activity. Diagnoses include lumbar degenerative disc disease. Treatments to date include activity modification, anti-inflammatory, and physical therapy. Currently, she complained of low back pain with left greater than right lower extremity symptoms. Current medications listed included Naproxen and Tramadol. On 7-23-15, the physical examination documented lumbar tenderness and decreased range of motion. The plan of care included a prescription for Tramadol 100mg tablets #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 100 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiods for chronic use Page(s): 80.

**Decision rationale:** CA MTUS states that Tramadol is a synthetic opioid that acts on the central nervous system and may be indicated for moderate to severe pain. It is indicated for short-term use, however long-term use is acceptable if the patient returns to work or has increased pain relief and improved function. If the patient is not taking immediate-release Tramadol, he should be started at 100 mg/day. It appears that this patient is not taking immediate-release Tramadol and the request is for Tramadol ER 100 mg bid, which exceeds the guidelines. Therefore the request is not medically necessary or appropriate.