

<b>Case Number:</b>	CM15-0165264		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	07/07/2011
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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 53 year old female, who sustained an industrial injury on 07-07-2011, secondary to stepping down with left foot off platform, resulting in twisting left foot, falling backwards complaining of low back and ankle injury. On provider visit dated 07-14-2015 the injured worker has reported back pain. The injured worker reported a decreased in pain with Tylenol with Codeine and that she is not having headaches as frequent. On examination the tenderness to palpation was noted in bilateral paraspinal L3-S1, bilateral AC joints, lumbar spine midline bilateral parascapular areas and bilateral trapezius. Limited lumbar range of motion was noted on extension and a positive loading was noted in bilateral lumbar facet loading. The diagnoses have included lumbar facet arthropathy, lumbar radiculitis, lumbar myofascial strain and lumbago. Treatment to date has included physical therapy, TENS unit, traction, epidural injections, home stretching program and medication. The injured worker was noted to be working as a caregiver. The provider requested Tramadol APAP 37.5mg 325mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol APAP 37.5mg 325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); Opioids, specific drug list, Tramadol; Opioids, criteria for use, Therapeutic

Trial of Opioids; Opioids, criteria for use, On-going Management; Drug Testing; CURES; Opioids, dosing; Opioid Weaning Page(s): 43, 74, 76, 77, 78, 80, 86, 91, 113, 124.

**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 and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant was on NSAIDs and Tricyclics along with Tramadol. Long-term use is not indicated. Pain reduction attributed to Tramadol cannot be determined but reduction with all medications combined was not substantial. The continued use of Tramadol as above is not medically necessary.