

<b>Case Number:</b>	CM15-0165289		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	05/28/1991
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/12/2015
<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: 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 55 year old male who sustained an industrial injury on 5-28-1991. He has reported back pain and has been diagnosed with chronic pain syndrome, chronic low back pain, and lumbar degenerative disc disease. Treatment has included medication, physical therapy, and injections. He reports his current pain a 6 out of 10. There was full mobility of the upper and lower extremities and while he was moving fully, he was moving slowly and carefully. Full LS and cervical spinal movements were noted. He had a little difficulty standing from a fully flexed over position. Normal upper extremity strength was apparent. Transfer and gait were normal. The treatment plan included a home exercise program and tramadol. The treatment request included Tramadol 50 mg # 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of Opioids, Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, (2) Opioids, criteria for use, (3) Opioids, dosing Page(s): 8, 76-80, 86.

**Decision rationale:** The claimant has a remote history of a work injury occurring in May 1991 and is being treated for chronic back pain. When seen, he had just completed six physical therapy treatment sessions including performance of a home exercise program. He had pain rated at 6/10. He was not taking any medications. Physical examination findings included difficulty standing upright from a fully flexed position. He was noted to move slowly and carefully. He was taking Advil or Tylenol as needed. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, it does not mean that they are no longer entitled to future medical care. Tramadol is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it was being prescribed when the claimant was having ongoing moderate pain. There were no identified issues of abuse or addiction and the total MED prescribed was less than 120 mg per day consistent with guideline recommendations. Prescribing is medically necessary.