

<b>Case Number:</b>	CM15-0186430		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	07/05/2011
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 48 year old female, who sustained an industrial injury on 7-5-11. The documentation on 9-4-15 noted that the injured worker has complaints of lower backache. The injured workers pain level has decreased since her last visit. The injured worker rates her pain level with medications as a 2 on a scale of 1 to 10 and without medications as a 3 on a scale of 1 to 10. Lumbar facet loading is positive on the left side and straight leg raising test is positive on the left side. The diagnoses have included mood disorder; spinal, lumbar degenerative disc disease and disc degeneration not otherwise specified. Treatment to date has included bilateral L3-L4 radiofrequency medial branch neurotomy, bilateral L5 dorsal ramus radiofrequency neurotomy; bilateral L3-L4 medial branch block, bilateral L5 dorsal ramus block; tramadol HCL; zanaflex; ativan; cymbalta and wellbutrin. The documentation noted that the injured workers failed medications included norco caused swelling; flexeril was ineffective; tramadol caused nightmares and fentanyl was not effective. Lumbar spine magnetic resonance imaging (MRI) on 2-2-13 showed chronic low back pain with possible facet syndrome; right hip abductor tendinitis; obesity and deconditioning and chronic pain syndrome. Magnetic resonance imaging (MRI) of the lumbar spine in November 2014 showed no evidence of disc herniation or spinal stenosis, multi-level facet degeneration. Electromyography and nerve conduction study was normal. The original utilization review (9-14-15) non-certified the request for tramadol HCL 50mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL 50 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

**Decision rationale:** Tramadol 50 mg #60 is not medically necessary. Tramadol is a centrally-acting opioid. Per MTUS page 83, opioids for osteoarthritis are recommended for short-term use after failure of first line non-pharmacologic and medication option including Acetaminophen and NSAIDS. Additionally, Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances; (b) continuing pain with evidence of intolerable adverse effects; (c) decrease in functioning; (d) resolution of pain; (e) if serious non-adherence is occurring; (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the claimant continued to report pain. Given Tramadol is a synthetic opioid, its use in this case is not medically necessary. The claimant has long-term use with this medication and there was a lack of improved function or return to work with this opioid and all other medications; therefore, the requested medication is not medically necessary.