

<b>Case Number:</b>	CM15-0191542		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	03/08/2012
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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: 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 58 year old male, who sustained an industrial-work injury on 3-8-12. He reported initial complaints of lower back pain. The injured worker was diagnosed as having post laminectomy syndrome (L5-S1 anterior-posterior fusion). Treatment to date has included medication, surgery (laminectomy on 12-17-12 with posterior fusion at L5-S1), physical therapy, chiropractic sessions, and diagnostics. MRI results were reported on 6-1-15 show findings similar to the x-ray (status post fusion, at L1-2 tiny annular tear and disc herniation without stenosis, mild-moderate degenerative disease at L1-2 with milder degeneration at other levels, slight focal kyphosis at L1-2 without spondylolisthesis. X-rays were reported on the lumbar spine report intact fusion hardware. Currently, the injured worker complains of persistent right sided lumbar pain, post laminectomy and right leg pain. Medications include Docusate, Flector patch, Gabapentin, Lidoderm, Tizanidine, and Tramadol. Per the primary physician's progress report (PR-2) on 8-5-15, exam notes ambulation using a cane, pain located to the right posterior iliac spine and also pain in the right hamstring, decreased lumbar range of motion, positive straight leg raise and cross straight leg raising with right sided lower back pain, weakness of the right calf and 2+ deep tendon reflexes at the knees and ankles with intact sensation. The Request for Authorization requested service to include Tramadol 50mg #120. The Utilization Review on 9-9-15 denied the request for Tramadol 50mg #120 with recommendation for weaning, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #120:** 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 for chronic pain, Opioids for neuropathic pain.

**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. Although it may be a good choice in those with back pain, the claimant had been on the medication for several months. Pain score reduction trends with its use was not consistently noted. There was no mention of Tylenol or Ibuprofen failure. Continued and chronic use of Tramadol is not medically necessary.