

<b>Case Number:</b>	CM15-0193444		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	01/07/2008
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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 52 year old male, who sustained an industrial injury on 1-07-2008. The injured worker is being treated for facet syndrome left. Treatment to date has included medications. Per the Primary Treating Physician's Progress Report dated 8-28-2015, the injured worker reported low back pain and left leg pain. Objective findings included limitation on motion and tenderness of the lumbar spine. He has been doing relatively well with the continued use of Ultram. A facet injection was denied. Per the only medical records submitted, medical records dated 6-29-2015 and 8-28-2015 there is no documentation of any significant improvement in symptoms, objective or subjective increase in activities of daily living or a decrease in pain level with the current treatment. Work status was permanent and stationary. The plan of care included continuation of Ultram (tramadol). Authorization was requested for tramadol 50mg #90. On 9-08-2015, Utilization Review non-certified the request for tramadol 50mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

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

**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's pain scores were not noted. Failure of Tylenol, Tricyclics or NSAIDS were not noted. The use of Tramadol is not medically necessary.