

<b>Case Number:</b>	CM15-0196059		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	06/10/2011
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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: California

Certification(s)/Specialty: Emergency Medicine

### 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 70 year old female who sustained an industrial injury on 6-10-11. The injured worker reported discomfort in the back. A review of the medical records indicates that the injured worker is undergoing treatments for multilevel lumbar degenerative disc disease, lumbar scoliosis and chronic low back pain and right lower extremity radicular pain. Medical records dated 8-20-15 indicate "burning pain in the low back, with stabbing pain and burning down to the right buttocks". Provider documentation dated 8-20-15 noted the work status as "remains unchanged". Treatment has included injection therapy, magnetic resonance imaging, Hydrocodone since at least April of 2015, Hydromorphone since at least April of 2015, cane for ambulation, Flexeril since at least August of 2015, Gabapentin since at least August of 2015, Ultram since at least August of 2015. Physical examination dated 8-20-15 was notable for an antalgic gait, use of cane noted, tenderness to right low lumbar region, decreased range of motion, tenderness to sciatic notch, ischial tuberosity and right buttocks. The original utilization review (9-10-15) denied a request for Tramadol ER 150mg, #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg, #60:** 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, specific drug list.

**Decision rationale:** The requested Tramadol ER 150mg, #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has "burning pain in the low back, with stabbing pain and burning down to the right buttocks". Provider documentation dated 8-20-15 noted the work status as "remains unchanged". Treatment has included injection therapy, magnetic resonance imaging, Hydrocodone since at least April of 2015, Hydromorphone since at least April of 2015, cane for ambulation, Flexeril since at least August of 2015, Gabapentin since at least August of 2015, Ultram since at least August of 2015. Physical examination dated 8-20-15 was notable for an antalgic gait, use of cane noted, tenderness to right low lumbar region, decreased range of motion, tenderness to sciatic notch, ischial tuberosity and right buttocks. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Tramadol ER 150mg, #60 is not medically necessary.