

<b>Case Number:</b>	CM15-0199739		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	02/27/2009
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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 40-year-old male, with a reported date of injury of 02-27-2009. The diagnoses include lumbar herniated nucleus pulposus, annular tear, and right lower extremity radiculopathy. Treatments and evaluation to date have included Flexeril, Promolaxin, Relafen, Tramadol (since at least 04-2015), and chiropractic treatment. The diagnostic studies to date have not been included in the medical records provided. The progress report dated 09-22-2015 indicates that the injured worker continued to have pain at times and spasms in the central low back. The pain was associated with a "cracking" in the left low back. The injured worker continued to have numbness and tingling in the bilateral lateral calves. The physical examination showed slight to moderate tenderness at L4-S1 midline and to the left and right of midline; lumbar extension at 20 degrees; minimal reversal with flexion; extension and right lateral flexion caused increased discomfort in the left flank and buttock; normal heel and toe walk; intact sensation to light touch and pinprick at L2-S1 bilaterally; and positive sitting and supine straight leg raise test at 60 degrees bilaterally with complaint of low back pain. It was noted that an x-ray of the lumbar spine on 05-22-2009 was within normal limits; an x-ray of the lumbar spine on 03-12-2014 showed mild narrowing of L4-5 and L5-S1; an MRI of the lumbar spine on 04-02-2009 showed herniated nucleus pulposus at L5-S1; electrodiagnostic studies on 10-01-2010 showed right L5 radiculopathy; a urine drug test on 04-16-2014 showed "no narcotic but had run out"; and a urine drug test on 01-26-2015 was "positive for muscle relaxant". The injured worker's work status indicated no repetitive bending, pushing, pulling, or lifting over 30 pounds. The treatment plan included a prescription for Tramadol, one tablet four times a day, as

needed. The request for authorization was dated 09-22-2015. The treating physician requested Tramadol 37.5-325mg #60. On 09-29-2015, Utilization Review (UR) non-certified the request for Tramadol 37.5-325mg #60.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Tramadol 37.5/325 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, criteria for use, Opioids, long-term assessment.

**Decision rationale:** The claimant sustained a work injury in February 2009 and is being treated for low back pain with lower extremity radicular symptoms. When seen, he was having ongoing central and left low back pain with cracking. He had bilateral lower extremity numbness and tingling. He had completed 6 chiropractic treatments and was using TENS. He had run out of medications. There was lumbar tenderness and decreased and painful range of motion. There was low back pain with straight leg raising. There was a normal neurological examination. Surgery was not being recommended. Medications were prescribed including tramadol/acetaminophen at a total MED (morphine equivalent dose) of 15 mg per day. Tramadol ER had been prescribed previously at an unknown dose. A pain assessment should include the current level of pain, the least reported level of pain over the period since the last assessment, the average level of pain. In this case, VAS scores were not recorded when this medication was prescribed. Extended release tramadol had been prescribed previously at an unknown dose and the claimant's response to this medication is not recorded. For these reasons, prescribing tramadol/acetaminophen cannot be accepted as being medically necessary.