

<b>Case Number:</b>	CM15-0200480		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	04/02/2013
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: New York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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:

This 55 year old man sustained an industrial injury on 4-2-2013. Diagnoses include low back pain, lumbar and thoracic radiculopathy, chronic pain syndrome, lumbar post-laminectomy syndrome, muscle spasms, and insomnia. Treatment has included oral and topical medications including Flexeril, Trazodone, and Gabapentin, TENS unit therapy without benefit, and physical therapy without benefit. The medications listed have been in use since at least 4-1-2015. Physician notes dated 9-23-2015 show complaints of chronic low back pain with radiation to the bilateral lower extremities. The worker rates his pain 9 out of 10 without medications and 6-7 out of 10 with medications. The physical examination shows "difficulties" with range of motion due to pain (without measurements), tenderness is noted to the lumbar spine, lumbar paraspinal muscles, lumbar facets, and with lumbar facet loading maneuvers. Recommendations include Flexeril, Gabapentin, Trazodone, Tramadol, continue physical therapy, activity as tolerated, and follow up in four weeks. Utilization Review denied a request for Tramadol on 10-6-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 200mg #30:** Upheld

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

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

**Decision rationale:** Per the guidelines, Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. There are no long-term studies to allow for recommendations for longer than three months. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to Tramadol to justify use. The medical necessity of Tramadol is not substantiated. The request is not medically necessary.