

<b>Case Number:</b>	CM15-0204535		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	04/04/2014
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: North Carolina, Georgia  
 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:

This is a 21-year-old male with a date of industrial injury 4-4-2014. The medical records indicated the injured worker (IW) was treated for herniated nucleus pulposus lumbar spine; mechanical back pain; and facet arthropathy lumbar spine. In the progress notes (6-15-15, 7-8-15 and 8-20-15), the IW reported low back pain rated 6 to 7 out of 10, radiating into the buttocks. On examination (8-20-15 notes), there was tenderness at L4-L5 on the right. Sensation was intact to the lower extremities bilaterally. Motor strength was 5- out of 5 in the right hamstring and tibialis anterior and otherwise strength was 5 out of 5. Patellar reflexes were normal, but Achilles reflexes were hyporeflexic bilaterally. Straight leg raise and slump test were negative bilaterally. Facet challenge of the lumbar spine was positive on the right. Treatments included acupuncture with temporary relief, Ultracet (since at least 4-2015), physical therapy (no benefit), chiropractic therapy (no benefit) and Ketoprofen cream (with benefit). He reported his pain medications decreased his pain from 5 out of 10 to 3 out of 10 and allowed him to be more active. Naproxen caused stomach pain and he did not take it often; Advil was not helpful. The IW was on modified work duty. The provider stated the CURES report from 3-9-15 was "consistent." A Request for Authorization dated 8-20-15 was received for Tramadol-APAP 37.5-325mg #90. The Utilization Review on 9-15-15 non-certified the request for Tramadol-APAP 37.5-325mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol/APAP 37.5/325mg Qty: 90: Overturned**

**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, criteria for use, Opioids for chronic pain.

**Decision rationale:** CA MTUS allows for the use of opioid medication, such as tramadol, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case uses a validated method of recording the response of pain to the opioid medication and documents functional improvement. It does address the efficacy of concomitant medication therapy. Therefore, the record does support medical necessity of ongoing opioid therapy with tramadol. Therefore, the requested treatment is not medically necessary.