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| <b>Case Number:</b>   | CM15-0204931 |                              |            |
| <b>Date Assigned:</b> | 10/21/2015   | <b>Date of Injury:</b>       | 12/24/2009 |
| <b>Decision Date:</b> | 12/08/2015   | <b>UR Denial Date:</b>       | 10/14/2015 |
| <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: Indiana, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 36 year old female, who sustained an industrial injury on 12-24-2009. The injured worker was being treated for lumbar spine sprain and radiculopathy. The injured worker (10-7-2015) reported ongoing lumbar spine pain with intermittent numbness to the lateral left thigh. The medical records show the subjective pain rating was 5 out of 10 on 10-7-2015. The physical exam (10-7-2015) reveals an upright posture, a non-antalgic gait, decreased range of motion of the lumbar spine, positive heel and toe walk, positive paraspinal tenderness, and mild loss of sensation to light touch of the left lateral thigh in L4-5 dermatomal distribution. Diagnostic studies were not included in the provided medical records. There was no documentation of a signed opioid contract and risk assessment profile. Treatment has included a home exercise program and medications. Per the treating physician (10-7-2015 report), the injured worker was returned to modified work that included no climbing, kneeling, or squatting; no excessive heavy pushing, pulling, or twisting (15 pounds); and no lifting over 15 pounds. The treatment plan included Tramadol. On 10-7-2015, the requested treatments included Tramadol 50mg #90. On 10-14-2015, the original utilization review modified a request for Tramadol 50mg #60 (original request for #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:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram).

**Decision rationale:** Tramadol is classified as central acting synthetic opioids. MTUS states regarding tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/ acetaminophen." The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. The original utilization review recommended weaning and modified the request, which is appropriate. As such, the request for tramadol #90 is not medically necessary.