

<b>Case Number:</b>	CM15-0206644		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	05/24/2011
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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:

The injured worker is a 56 year old male, who sustained an industrial injury on 05-24-2011. A review of the medical records indicates that the worker is undergoing treatment for broken back in three places of the thoracolumbar spine, piriformis syndrome, carpal tunnel syndrome of both wrists, chronic strain-sprain of the cervical spine, left arm radiculopathy and tendonitis of the right elbow. Treatment has included Trazadone, Tramadol (since at least 08-21-2015) and physical therapy. There is minimal medical documentation submitted for review and the majority of progress notes are physical therapy notes. Subjective complaints (09-15-2015) included left hip pain rated as 3 out of 10 at rest and 8 out of 10 with activity and numbness and pins and needles to the bilateral wrists with numbness to the little and ring fingers. Objective findings (09-15-2015) showed decreased range of motion of the lumbar spine and positive stretch tests mainly in the left leg and left hip confirming nerve entrapment-impingement in the lower back. The physician indicated that the worker confirmed the necessity of pain medication for pain relief and noted improvement of activities of daily living, no escalation in use and no adverse medication effects and that a prescription for Tramadol was issued. There was no indication as pain ratings before and after use of the medication, average pain ratings or duration of pain relief with medication use. It's also unclear as to how long the injured worker had been prescribed Tramadol. A utilization review dated modified a request for Tramadol from Tramadol 50 mg quantity: 90 to certification of Tramadol 50 mg quantity: 45 to allow for weaning.

### 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:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**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. Therefore, the requested treatment is not medically necessary.