

<b>Case Number:</b>	CM15-0209296		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	03/03/2011
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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 43 year old male who sustained an industrial injury on 3-3-2011. A review of medical record indicates the injured worker is being treated for intervertebral disc disorders with radiculopathy lumbar region, sprain of ligaments of the lumbar spine, and low back pain. Medical records dated 10-7-2015 noted lumbar spine pain rated a 6 out of 10, which was the same at the last visit and radiates to the right leg. He was currently working. Physical examination of the lumbar spine revealed tenderness bilaterally and hypertonicity in the right. Straight leg raise was positive at 60 degrees. Treatment has included injections and tramadol since at least 8-27-2015. Utilization review form dated 10-7-2015 noncertified Tramadol 50mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram (Tramadol 50mg) 1-2 tab by mouth 6hrs as needed (max 6/day) #120:** 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 for chronic pain, Opioids, dosing, Opioids, long-

term assessment. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. *Pain*. 2001 Nov; 94 (2): 149-58.

**Decision rationale:** The claimant sustained a work injury in March 2011 when he slipped on ice while lowering boxes from a high shelf. He was seen for an initial evaluation by the requesting provider in August 2015. Electrodiagnostic testing in April 2012 is referenced as showing abnormalities. He was having pain rated at 7/10 and had lower extremity numbness and tingling. Physical examination findings included a body mass index of 34.5. There was decreased lumbar range of motion with tenderness. Minor's test was positive. There was positive left straight leg raising. There was no significant past medical history. Naprosyn was the only medication. Tramadol was prescribed. In October 2015, pain was rated at 6/10 and was unchanged from the previous visit. He was having radiating symptoms into the right leg. Physical examination findings included lumbar tenderness with quadratus lumborum and gluteal tenderness with hypertonicity. There was positive straight leg raising and Minor's sign was positive. Ibuprofen was prescribed. Ultram (tramadol) is an immediate release short acting medication used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing what is considered a clinically significant decrease in pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not medically necessary.