

<b>Case Number:</b>	CM15-0209826		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	09/17/1999
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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: Arizona, California  
 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 58 year old man sustained an industrial injury on 9-17-1999. Diagnoses include status post lumbar spine surgery, lumbar spine radiculopathy, lumbar spine exacerbation, lumbar spine canal stenosis, and lumbar neuroforaminal stenosis. Treatment has included oral medications including Tramadol (since at least April 2015). Physician notes dated 9-23-2015 show complaints of low back pain rated 8 out of 10 with radiation to the right thigh and tailbone pain rated 8 out of 10. The physical examination shows lumbar spine flexion 40 out of 90 degrees, extension 10 out of 25 degrees, and bilateral lateral bending 15 out of 25 degrees. There is a positive heel-toe walk and paraspinal tenderness to palpation. Recommendations include Tramadol and follow up in six weeks. Utilization Review denied a request for Tramadol on 10-12-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #90 with 2 refills:** 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:** According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain levels remained the same for months. There was no mention of VAS score reduction with medication use. The claimant was on hydrocodone prior to Tramadol for several months as well. Long-term use of opioids is not recommended. Weaning or Tricyclic failure is not mentioned. Continued use is not medically necessary.