

<b>Case Number:</b>	CM15-0020295		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	03/18/2009
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: California, Washington

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 54-year-old female with a reported date of injury on 03/18/2009; the mechanism of injury is not provided for review. The injured worker's diagnoses include low back pain and lumbar spine sprain/strain. The injured worker's prior treatments were noted to include medication. A progress note dated 12/30/2014 indicated that the injured worker had subjective complaints of right sided low back pain, with interferes with daily activity and sleep. It was also noted at that time, the injured worker had received a prescription of tramadol from another physician, and that this had helped her significantly. On physical examination, it was noted there was tenderness over the L4-5, L5-S1 facet area on the right side, and there was positive facet loading for pain in the lower lumbar region. Sensation was noted to be grossly intact in bilateral lower extremities. Under the treatment plan, it was noted that the physician was recommending that the injured worker continue taking tramadol 50 mg as the injured worker reported good relief with the medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Ongoing management Page(s): 82, 93, 94, 113, 78.

**Decision rationale:** The California MTUS Guidelines state that tramadol may be recommended for a treatment of chronic pain. However, the guidelines also state that ongoing management of pain relief of opioid medication must include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The documentation did not provide adequate objective evidence that the medication provided a therapeutic benefit such as evidence of increased level function or decreased measurable pain level. Additionally, there is no evidence of screening for possible side effects or appropriate medication use. Furthermore, the request as provided does not include a frequency. Therefore, the request for tramadol 50 mg is not medically necessary.