

<b>Case Number:</b>	CM15-0025496		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	08/19/2009
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 40 year old male, who sustained an industrial injury on 8/19/2009. The diagnoses have included lumbar post laminectomy syndrome. Treatment to date has included medications, surgical intervention and injections. There is a history of thoracic fusion (7/10/2013) and (11/2004), lumbar fusion (11/13/2013) and lumbar discectomy (3/2010). Currently, the IW complains of constant sharp, shooting throbbing pain in the low back with radiation to the posterior thigh. Objective findings included a global antalgic gait. There is loss of normal lordosis of the lumbar spine. There is tenderness and spasm of the lumbar spine with restricted range of motion. Lumbar facet loading is positive on both sides. There is significant tenderness over facet joints on both sides at L4 through S1. Straight leg raise test is positive on the left at 60 degrees and in sitting position. There is tenderness over the trochanter and multiple trigger points over iliotibial band. On 1/12/2015, Utilization Review non-certified a request for Tramadol HCL ER 150mg #60 noting that the clinical information submitted for review failed to meet the evidence based guidelines for the requested service. The MTUS was cited. On 2/10/2015, the injured worker submitted an application for IMR for review of Tramadol HCL ER 150mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL ER 150mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

**Decision rationale:** This patient presents with chronic low back pain that radiates into the posterior lateral part of the left thigh and calf. The patient is status post multiple lumbar and thoracic spine surgeries. The current request is for TRAMADOL HCL ER 150MG #60. This is an initial request for Tramadol. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. Progress reported dated 9/29/14, indicates that the patient has been unresponsive to conservative treatment. The patient was utilizing Tizanidine, Naproxen, Gabapentin, and Baclofen. On 11/24/14, the treating physician added Tramadol as the patient was unresponsive to prior medications and continues to have pain. In this case, given the patient's chronic pain and the treating physician discusses that other medications were not as effective, a trial of Tramadol would be in accordance of MTUS. This request IS medically necessary.