

<b>Case Number:</b>	CM15-0028152		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	06/23/2010
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 37 year old male with an industrial injury dated June 23, 2010. The injured worker diagnoses include displacement of lumbar intervertebral disc without myelopathy, spondylosis with myelopathy lumbar region and sciatica. He has been treated with diagnostic studies, radiographic imaging, prescribed medications and periodic follow up visits. According to the progress note dated 1/6/15, the injured worker complained of severe low back pain and radiculopathy. The treating physician noted acute distress, antalgic gait, severe tenderness to palpitation, restricted range of motion, left radiculopathy and decreased motor and sensory. The treating physician prescribed Tramadol HCL TAB 200mg ER #30. Utilization Review determination on January 13, 2015 modified the request to Tramadol HCL TAB 200mg ER #20, citing MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL TAB 200mg ER #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates  
Page(s): 78.

**Decision rationale:** This is a new request for extended release tramadol. It is unclear why there is request to add extended release tramadol at this time. The most recent progress note dated February 18, 2015 indicates that the injured employee is currently prescribed Ultracet (short acting tramadol and acetaminophen) and there is no documentation that this medication is insufficient. Without justification for the usage of long acting acting opioid medications, this request for tramadol ER is not medically necessary.