

<b>Case Number:</b>	CM15-0215593		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	07/02/2010
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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 48 year old male, who sustained an industrial injury on 07-02-2010. He has reported injury to the low back. The diagnoses have included lumbar disc displacement without myelopathy. Treatment to date has included medications, diagnostics, lumbar epidural steroid injection, chiropractic therapy, and physical therapy. Medications have included Tramadol, Nabumetone, and Prilosec. A progress report from the treating physician, dated 08-21-2015, documented a follow-up visit with the injured worker. The injured worker reported low back pain; he has had two sessions of chiropractic treatment which have helped to reduce the pressure off of his nerve, and he is having less pain in the left leg; this pain relief has lasted over the past week, and he is still having benefit; he has had reduction in pain from 6 out of 10 in intensity on the visual analog scale, down to 3 out of 10 in intensity; he also has decreased numbness and tingling in the left leg as well; he takes Nabumetone which helps to reduce his pain from 3-4 out of 10 in intensity, down to 0-1 out of 10 in intensity; he uses Tramadol occasionally if his pain ever goes above the typical baseline level of 3-4 out of 10 in intensity, and helps to bring it down to 1 out of 10 or so in intensity; these medications help him to better tolerate prolonged sitting and walking; he continues to work full time; and he can tolerate his work duties with the use of Nabumetone, and Tramadol when he gets home, if needed. Objective findings included he is alert and oriented times three; he does not exhibit acute distress; and he has an antalgic gait. The treatment plan has included the request for Tramadol-Acetaminophen 37.5-325mg #90. The original utilization review, dated 10-05-2015, modified the request for Tramadol-Acetaminophen 37.5-325mg #90m to Tramadol-Acetaminophen 37.5-325mg #68.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol/APAP 37.5/325mg #90:** Overturned

**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 rationale:** The claimant sustained a work injury in July 2010 when he had left low back pain with left lower extremity radiating pain after lifting a vibrating plate. He continues to be treated for chronic low back pain with intermittent flareups for which he receives chiropractic care. Tramadol is referenced as decreasing pain from 3-4/10 to 1/10. Medications are referenced as allowing for better tolerance of sitting and walking and for continued full time work as a tractor driver. When seen, he had an antalgic gait. Tramadol / acetaminophen was refilled at a total MED (morphine equivalent dose) of less than 25 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol/acetaminophen is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain and improved activity tolerance and the claimant continues to work without restrictions. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.