

<b>Case Number:</b>	CM15-0218318		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	09/25/2003
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2015

### 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: Texas, 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 is a 61 year old male patient with a date of injury of September 25, 2015. The diagnoses include cervical discogenic pain with disc protrusion, lumbar discogenic pain, lumbar spine stenosis, probable bilateral carpal tunnel syndrome, and right lateral epicondylitis. Per the doctor's note dated August 25, 2015, he had complaints of lower back pain. Records also indicate that Tramadol reduced the pain from 9 out of 10 to 4 out of 10, and that the patient was able to take care of personal hygiene, household chores, and yard work. The physical exam dated August 25, 2015 revealed tenderness to palpation in the lumbar paraspinal muscles, and significant pain over the right elbow lateral epicondyle. Per the treating physician (August 25, 2015), the employee was not working, but was looking for part-time work that didn't require heavy lifting. Per the progress note dated September 22, 2015, he had complaints of lower back pain. The back brace was helpful. He has not had Zanaflex, Relafen and Prilosec since several months. The progress note dated September 22, 2015 documented a physical examination that showed "No significant change." The medications list includes Tramadol, Relafen, Zanaflex and Prilosec. He had a cervical MRI in 2003, lumbar MRI in 2010 and EMG/NCS upper extremities in 2011. Treatment has included medications (Tramadol since at least June of 2014) and back bracing. The treating physician documented that the urine drug screen dated June 2, 2015 showed consistent results. The utilization review (October 7, 2015) non-certified a request for a back brace and partially certified a request for Tramadol 50mg #63 do not dispense until September 25, 2015 (original request for #90).

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Tramadol 50mg #90 Do not dispense until 9/25/15: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for neuropathic pain.

**Decision rationale:** Tramadol 50mg #90 Do not dispense until 9/25/15. Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain. Tramadol use is recommended for treatment of episodic exacerbations of severe pain. Per the records provided the patient had chronic low back pain. He has objective findings on the physical examination-tenderness to palpation in the lumbar paraspinal muscles, and significant pain over the right elbow lateral epicondyle. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. Tramadol reduced the pain from 9 out of 10 to 4 out of 10, and that the patient was able to take care of personal hygiene, household chores, and yard work. The treating physician documented that the urine drug screen dated June 2, 2015 showed consistent results. The request for Tramadol 50mg #90 is medically appropriate and necessary to use as prn during acute exacerbations.

### **One back brace: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, Work-Relatedness.

**Decision rationale:** One back brace. Per the ACOEM guidelines "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Per the cited guidelines "There is no evidence for the effectiveness of lumbar supports in preventing back pain in industry." Evidence of a recent lumbar fracture, spondylolisthesis, recent lumbar surgery or instability was not specified in the records provided. In addition, failure to previous conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided. The medical necessity of one back brace is not fully established for this patient.