

<b>Case Number:</b>	CM15-0040702		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	12/30/2013
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 was a 36 year old female, who sustained an industrial injury, December 30, 2013. According to progress note of January 14, 2015, the injured workers chief complaint was low back pain with some spasms. The injured worker rated the pain as 7 out of 10 without pain medication and 5 out of 10 with pain medication; 0 being no pain and 10 being the worse pain. The pain was aggravated by prolonged positions and decreased with injection, medication and lying down, standing or sitting. The medication allows the injured worker to exercise daily, caring for her children and home. The physical exam noted minimal tenderness in the paraspinal muscles and in the right facets. There was significant tenderness in the left facet L3 and S1 with significant pain with extension. The injured had fairly full forward flexion. The Patrick's ad straight leg raising was negative. The injured worker was diagnosed with low back pain, myofascial pain, right leg pain, numbness and lumbar facet syndrome. The injured worker previously received the following treatments Tramadol ER, Flexeril, Naproxen, Omeprazole, chiropractic services, physical therapy and EMG/NCV (electromyography/nerve conduction velocity studies) of the lower extremities was within normal limits. The treatment plan included prescription for Tramadol ER 150mg #60, date of service January 14, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 75. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram®).

**Decision rationale:** Ultram is the brand name version of tramadol, which is classified as central acting synthetic opioids. MTUS states regarding tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/acetaminophen." The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. The original utilization review recommended weaning and modified the request, which is appropriate. As such, the request for tramadol #60 is not medically necessary.