

<b>Case Number:</b>	CM15-0056068		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	07/22/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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: Arizona, 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 57 year old man sustained an industrial injury on 7/22/2013. The mechanism of injury is not detailed. Diagnoses include aggravation of lumbosacral symptoms and aggravation of discogenic mechanical low back pain with annular tear. Treatment has included oral medication and H-wave therapy. Physician notes on a PR-2 dated 2/9/2015 show complaints of severe low back pain rated 5-6/10. Recommendations include Naprosyn, Prilosec, Norco, Tramadol, continue use of H-wave unit, schedule MRI of lumbar spine and follow up appointment after.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg, 1 two (2) times per day, as needed, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain; Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use

after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant had been on opioids including Oxycontin and Norco for several months. The pain level was constant. No one opioid is superior to another and the addition of opioids increases the risk of addiction and side effects. Continued use of Tramadol is not medically necessary.