

<b>Case Number:</b>	CM15-0056100		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	04/12/2010
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/02/2015
<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 55 year old man sustained an industrial injury on 4/12/2010. The mechanism of injury is not detailed. Diagnoses include chronic low back pain, lumbar radiculopathy, lumbar facet joint arthritis, status post lumbar fusion. Treatment has included oral medications and surgical intervention. Physician notes dated 2/18/2015 show complaints of persistent low back pain rated 4/10 and trouble sleeping. Recommendations include Tramadol, Zolpidem, Omeprazole, pre-procedure consultation for lumbar spine epidural block, and follow up in four to five weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #45 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Opioids; Weaning of medications Page(s): 74-95; 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids 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 Naproxen and other NSAIDs along with Tramadol for breakthrough pain for several months. The pain was consistently between 2-4/10 for several months. There was no indication to Tylenol failure or attempt at weaning. Long-term use of Tramadol is not medically necessary.