

<b>Case Number:</b>	CM15-0057157		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	11/20/2008
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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 58 year old man sustained an industrial injury on 11/20/2008. The mechanism of injury is not detailed. Evaluations include lumbar spine MRI. Treatment has included oral medications, epidural steroid injections, physical therapy, chiropractic therapy, and massage therapy. Physician notes dated 1/17/2015 show complaints of chronic neck and low back pain rated 3.5/10. Recommendations include refill Temazepam, Lorazepam, Omeprazole, Tramadol, Trazadone, and follow up in four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 mg 3 times a day #90 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids- 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. The claimant had been on Tramadol for over 3 years. Recent progress note on 2/16/15 indicate the pain level to be stable at 3.5/10. The claimant had also been using Naproxen, Butrans, Voltaren . Zanaflex and Trazadone. Pain control attributed to Tramadol cannot be determined. Attempts at weaning or Tylenol failure is not known. Chronic use as well as use with NSAIDs is not recommended and not proven to have added benefit. The continued use of Tramadol is not medically necessary.