

<b>Case Number:</b>	CM15-0081650		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	02/01/2012
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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 42-year-old male sustained an industrial injury on 2/1/12. He subsequently reported back pain. Diagnoses include lumbar radiculopathy, lumbar strain and cervical strain. Treatments to date include x-ray and MRI testing, injections, therapy and prescription medications. The injured worker continues to experience low back pain. Upon examination, negative straight leg raise testing, antalgic gait and mild tenderness over the sciatic notch was noted. A request for Ultram medication was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19, 94, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Flector patch.

**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, medication options (such as acetaminophen or NSAIDs), and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain persisted over time while on Ultram and required invasive procedures for pain relief. There was no mention of failure of Tylenol. Long-term use of Tramadol is not recommended and not medically necessary.