

<b>Case Number:</b>	CM15-0082610		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	07/08/2005
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 is a 70 year old male, who sustained an industrial injury on July 8, 2005. The injured worker was diagnosed as having cervicalgia, pain in limb and lumbar or lumbosacral degeneration. Treatment and diagnostic studies to date have included medication. A progress note dated March 22, 2015 provides the injured worker complains of chronic neck and back pain. The pain is rated 8/10. Physical exam notes cervical, thoracic and lumbar tenderness on palpation and decreased lumbar range of motion (ROM). The plan includes renewal of Tramadol and follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of Tramadol 50mg #120 with 3 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 84-94.

**Decision rationale:** Per the guidelines, Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. There are no long-term studies to allow for recommendations for longer than three months. The MD visit fails to document any improvement in pain, functional status or a discussion of side effects specifically related to Tramadol to justify use. The request for Tramadol is not medically necessary.