

<b>Case Number:</b>	CM14-0019440		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	10/16/2013
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/15/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 31-year-old female who had the onset of mid to low back pain on 10/16/13. The pain is described as 5-8/10 and aggravated with prolonged standing and reaching. She has returned to limited duties and utilizes the Tramadol in the evening after work to diminish the pain which helps her sleep. Her medications are Ibuprofen 800 three times a day (tid) and Tramadol 50 mg in the evening when necessary (prn). There is no evidence of medication misuse.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMADOL 50MG, # 30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids when to continue Page(s): 80.

**Decision rationale:** MTUS Guidelines support the judicious use of Opioid medications when they result in pain relief/quality of live and benefit function. It is clearly documented that the very limited Opioid (Tramadol) use improves the patients quality of life and has resulted in

improved function as evidence by returning to work. The Tramadol 50mg. #30 is medically necessary.