

<b>Case Number:</b>	CM14-0119182		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	08/02/2001
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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:

The records presented for review indicate that this 52 year-old male was reportedly injured on August 2, 2001. The mechanism of injury is noted as driving a truck. The most recent progress note, dated July 8, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated tenderness to palpation, a moderate muscle spasm, a decrease in lumbar spine range of motion, and pain with straight leg raising. Diagnostic imaging studies were not obtained at the time of this acute exacerbation. Previous treatment includes multiple medications, physical therapy, chiropractic care, and pain management interventions. A request had been made for Tramadol and was not certified in the pre-authorization process on July 16, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 mg, #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guidelines support the use of Tramadol (Ultram) for short-term use after there is been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. A review of the available medical records fails to document any improvement in function or pain level with the previous use of Tramadol. Furthermore, in that this is an acute flare of the low back pain, a 3 month dispense is not clinically indicated. As such, the request is not considered medically necessary.