

<b>Case Number:</b>	CM14-0141123		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	08/15/1998
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Family Practice 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:

74 yr.old male claimant sustained a work injury on 8/15/98 involving the low back. He was diagnosed with cervical spondylosis. He had been on Ultram for pain since at least March 2014. Repeated monthly exams noted until June 2014 indicated only limitation in range of motion of the cervical spine. He had used Restoril to aid in sleep. A subsequent request was made in August 2014 for Tramadol/APAP 30 days supply for pain relief

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Modified certification for tramadol/apap 37.5-325mg, days supply:30 quantity:60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-95.

**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 and 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 was not described.

Physical exam did not produce any pain. Continuation of medication was not specified in the progress notes. The Tramadol/Apap as above is not medically necessary