

<b>Case Number:</b>	CM14-0020814		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	04/29/2001
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 57-year-old female who reported an injury on 04/29/2001. The mechanism of injury was not provided. On 08/26/2013, the injured worker presented with back, shoulder, leg, and foot pain. Upon examination of the lower extremity, there was decreased patellar reflex on the right versus left and mild decreased quadriceps strength. There was a positive straight leg raise on the right. The diagnoses were post laminectomy syndrome with chronic back pain, chronic radicular syndrome with pain in the bilateral legs, neuropathy involving the bilateral feet and cervical degenerative disc disease with mild manageable axial neck pain and shoulder pain. A current medication list was not provided. The provider recommended tramadol 50 mg. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 mg sig: 1 by mouth every 4 hours as needed pain #18 #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

**Decision rationale:** The injured worker is a 57-year-old female who reported an injury on 04/29/2001. The mechanism of injury was not provided. On 08/26/2013, the injured worker presented with back, shoulder, leg, and foot pain. Upon examination of the lower extremity, there was decreased patellar reflex on the right versus left and mild decreased quadriceps strength. There was a positive straight leg raise on the right. The diagnoses were post laminectomy syndrome with chronic back pain, chronic radicular syndrome with pain in the bilateral legs, neuropathy involving the bilateral feet and cervical degenerative disc disease with mild manageable axial neck pain and shoulder pain. A current medication list was not provided. The provider recommended tramadol 50 mg. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.