

<b>Case Number:</b>	CM15-0107576		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	02/05/2013
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 48 year old male who sustained an industrial injury on February 5, 2013. He has reported low back pain radiating to the left leg and foot and has been diagnosed with mechanical low back pain, left L5-S1 radiculopathy with weakness and degenerative joint disease of the lumbosacral spine. Treatment has included medications, medical imaging, modified work duty, and acupuncture. He ambulated and transferred with guarded posture. His back range of motion revealed a flexion of 40 degrees and extension of 10 degrees. He had tenderness to palpation across his mid to lower lumbar spine but mostly in the left gluteal region. The strength in his lower extremities revealed 5/5 except the left knee and ankle were a 4/5. The treatment request included Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER (extended release) 300 mg Qty 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94.

**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. In this case, the claimant was obtaining good pain control while on Tramadol and Norco in January 2015. The Tramadol was subsequently increased indicating increasing tolerance. The claimant had been on Tramadol for several months without indication of failure of Tylenol or NSAID use while maximizing the Tramadol ER recommended. The continued use of Tramadol as above is not medically necessary.