

<b>Case Number:</b>	CM15-0012824		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	04/29/2013
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 37-year-old male who reported an injury on 04/29/2013. The injury reportedly occurred when he was digging a pipe up from the hard ground and tried to pull pack on the pick he was using. He was diagnosed with lumbar radiculopathy and lumbar strain. His past treatments were shown to include physical therapy, chiropractic treatment, acupuncture, activity modification, home exercise, heat therapy, use of a TENS unit, and medications. Review of the submitted documentation shows that he has been utilizing tramadol since at least 01/2014. At his followup visit on 12/30/2014, it was noted that the injured worker reported increased low back pain attributed to cold weather. He rated his pain 8/10. The physical examination revealed tenderness to palpation of the lumbar paraspinal muscles and spasm. The treatment plan included continued home exercise and use of the TENS unit, continued heat therapy, and a prescription for tramadol 50 mg twice a day for moderate to severe pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Opioids, Weaning of Medications and Opioids,.

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

**Decision rationale:** According to the California MTUS Guidelines, the ongoing use of opioid medications should be based on detailed documentation of pain relief, functional status, adverse side effects, and appropriate medication use. The clinical information submitted for review indicated that the injured worker has been using tramadol since at least 01/2014. However, the 12/30/2014 note failed to include evidence of measurable pain relief with the use of tramadol as pain levels with and without use of this medication were not documented. In addition, there was no documentation of increased function with the use of this medication, and the documentation did not address adverse side effects or appropriate medication use. There was also no evidence of a recent urine drug screen with consistent results to verify appropriate medication use. For these reasons, the continued use of tramadol is not supported by the evidence based guidelines. As such, the request is not medically necessary.