

<b>Case Number:</b>	CM15-0016770		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	07/05/2011
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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: Florida

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 30 year old male who sustained an industrial injury on 07/05/2011. The mechanism of injury is described as occurring while he was working with a heavy filter system and was on a hillside and fell down the hill. He presented for follow up on 12/19/2014 with complaints of low back pain radiating down the left leg. Muscle tone was without atrophy in arms and legs. Strength was 5/5 in all extremities. Diagnoses included:-Degeneration, lumbar-Lumbar disc displacement without myelopathy-Spondylosis, lumbosacral- Pain in thoracic spine-SciaticaMRI 08/04/2011 showed a right lateralizing disc protrusion at lumbar 4- lumbar 5. MRI of lumbar spine in July 2012 was essentially unchanged. MRI in October 2013 of thoracic spine showed multilevel disc protrusions with canal compromise at thoracic 9-thoracic 10 with more minor protrusions at other levels. Electro diagnostic studies done June 2013 of the left lower extremity were negative for radiculopathy. Other treatments included epidural steroid injections, neurosurgical spine surgery, medication and physical therapy. On 01/14/2015 the request for Tramadol 50 mg one tablet by mouth 3 times daily # 90 was non-certified by utilization review. MTUS and ODG were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg 1 tablet by mouth 3 times daily #90 (prescribed 1/6/15): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 110-115.

**Decision rationale:** In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if: (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of functional improvement with Tramadol. There is also not adequate documentation of improvement in pain with this medication. Likewise, this request for Tramadol is not considered medically necessary.