

<b>Case Number:</b>	CM15-0110884		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	10/18/2012
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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, Pain Management

### 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 47 year old male who reported an industrial injury on 10/18/2012. His diagnoses, and/or impressions, are noted to include: lumbar degenerative disc disease and radiculitis; clinically consistent lumbar radiculopathy; sacroilitis; and lumbar facet pain. No current electrodiagnostic or imaging studies were noted. His treatments have included medication management; and a return to work with restricted work duties. The progress notes of 4/17/2015 were hand written and somewhat illegible, but reported a flare-up of pain for which a half of Norco, given to him from his friend, alleviated the pain within a few hours; and that this injured worker worked with heavy equipment. Objective findings were noted to include mild-moderate lower back pain for which his medications were not helping. The physician's requests for treatments were noted to include the initiation of Tramadol to help with pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg 1 every night at bedtime as needed, #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures; Opioids; Tramadol Page(s): 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids for Chronic Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Tramadol , California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it appears the patient has been attempting to avoid opiate pain medication. However, due to a recent flareup, it appears the requesting physician has prescribed tramadol for nighttime use. Ongoing use of this medication, would require documentation of analgesic efficacy, objective functional improvement, discussion regarding side effects, and discussion regarding avenues. However, a one month trial, as requested here, should allow the requesting physician time to document those things. As such, the currently requested Tramadol is medically necessary.