

<b>Case Number:</b>	CM15-0112006		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	01/16/2012
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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 68 year old male who sustained an industrial injury on January 16, 2012. He has reported pain to the lumbar spine with radiation to the lower extremities bilaterally mainly on the left hand side and has been diagnosed with chronic nonmalignant pain of the lumbar spine and chronic uncontrolled lumbosacral radiculopathy. Treatment has included injections and medications. Upon examination he ambulated with an antalgic gait. Spasm and tenderness were observed in the paravertebral muscles of the lumbar spine with decreased range of motion on flexion and extension. Dysesthesia was noted in L4, L5, and S1 dermatomal distributions bilaterally. 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 HCL 150mg ER #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use of opioids Page(s): 76-80.

**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. Although it may be a good choice in those with back pain, the claimant's pain was a stable 6/10 while on Tramadol and NSAIDs for months. The claimant still required invasive procedures for pain management. There was no mention of Tylenol failure or weaning attempt. The claimant was on the maximum dose of Tramadol. The continued use of Tramadol ER as above is not medically necessary.