

<b>Case Number:</b>	CM15-0114327		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	08/06/2013
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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 41 year old female, who sustained an industrial injury on 8/6/13. The injured worker was diagnosed as having neural encroachment L1-2 with radiculopathy. Treatment to date has included oral medications including Tramadol, TENS unit, epidural injections, home exercise program and activity restrictions. Currently, the injured worker complains of low back pain with left greater than right lower extremity symptoms rated 8/10. She notes current dosing of medications facilitates activities of daily living and household duties. She notes Tramadol facilitates average five point diminution in somatic pain. She is temporarily partially disabled with restrictions. Physical exam noted tenderness of lumbar spine and restricted range of motion with spasm of lumbo paraspinal musculature decrease and diminished sensation of L1-2 dermatomal distributions. The treatment plan included a request for authorization for Tramadol ER 150mg. Random toxicology testing has been requested. The patient is noted to be participating in a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Opioids, specific drug list; Steps to Take Before a Therapeutic Trial of Opioids

Page(s): 113; 91; 76. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Web: updated 4/30/15.

**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 ER 150mg #60, 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, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. In light of the above, the currently requested Tramadol ER 150mg #60 is medically necessary.