

<b>Case Number:</b>	CM15-0123376		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	05/23/1991
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 66 year old female, who sustained an industrial injury on May 23, 1991. She reported suffering a low back injury while assisting a patient. The injured worker was diagnosed as having chronic left low back pain, left L4-L5 radiculopathy, and non-industrial history of anxiety and status post left total knee arthroplasty. Treatments and evaluations to date have included chiropractic treatments, epidural steroid injection (ESI), MRIs, and medication. Currently, the injured worker complains of left low back pain that radiates over the left hip, buttock, and thigh, with left leg pain. The Treating Physician's report dated May 14, 2015, noted the injured worker with a twenty-three year history of left sided low back pain, with diagnostic studies reports of multilevel degenerative disc disease, disc bulges, and foraminal and spinal stenosis. The injured worker reported her pain routinely at 7-9/10. Physical examination was noted to show midline L5-S1 tenderness and tenderness over the left paralumbars and trochanter. The injured worker's current medications were listed as industrial: Tramadol with prescription received by her Primary Care Physician for Hydrocodone, and non-industrial: Omeprazole, Trazodone, Xanax, and Ondansetron. The treatment plan was noted to include a prescription for tramadol as the injured worker reported it reduces pain by 25% and had discontinued the Hydrocodone, and a urine toxicology screen performed. The injured worker was noted to be retired.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #60 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 93-97.

**Decision rationale:** According to the California MTUS, Tramadol (Ultram) is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. According to the medical records, there has been no documentation of the medication's analgesic effectiveness or functional improvement, and no clear documentation that the patient has responded to ongoing opioid therapy. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.