

<b>Case Number:</b>	CM15-0124448		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	05/13/1991
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

### 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 56 year old male, who sustained an industrial injury on 5/13/1991. He reported low back pain after helping a patient. The injured worker was diagnosed as having lumbar disc displacement without myelopathy, lumbar stenosis, and lumbosacral radiculitis. Treatment to date has included medications. The request is for Tramadol. On 2/23/2015, He complained of low back pain. He rated his pain as 8/10 with medications. He reported being around family members who were smoking marijuana. His low back range of motion is noted as: flexion 20, extension <5, bilateral lateral flexion 5, and bilateral rotation 5. The treatment plan included: Tizanidine and Tramadol. His work status is noted to be on Social Security Income disability and works on a volunteer basis at a church. On 5/18/2015, he complained of increased low back pain due to being without medications for 2 weeks due to insurance issues. He indicated he cannot function without the medications Tramadol and Tizanidine and that he could not get out of bed without them. He rated his pain as 7/10 with medications and 10/10 without medications. Physical examination revealed his lumbar spine range of motion as: flexion 25, extension <5, bilateral lateral flexion 10, bilateral rotation 5. The treatment plan included: attempting to wean his medications this month. He will decrease Tramadol from 6 tablets to 5 tablets per day, and decrease Tizanidine from 3 tablets to 2 tablets per day. On 6/16/2015, he complained of low back pain. He indicated he was not sleeping well after a reduction in Tramadol the previous month to five tablets per day and Tizanidine 4 mg to 2 tablets per day. He reported waking in the middle of the night in pain, and having a decreased appetite. He indicated a reduction of activity by 50%, and is not helping as much at church. He stated he does not want

to decrease the Tramadol or Tizanidine further as he felt it would decrease his activities of daily living. His pain is rated in intensity as 7/10 with medications and 10/10 without medications. His current medications are: Advil over the counter as needed and used daily, Prevacid, Tizanidine 4 mg twice daily, and Tramadol 50mg one every 4-6 hours. Physical findings revealed range of motion of the lumbar spine as: flexion 25, extension 0, left lateral flexion 5, right lateral flexion 5, left rotation 5, and right rotation 5. All lumbar spine range of motion is noted to be accompanied by back pain. He ambulates with a cane. The treatment plan included: continuation of Tramadol at 5 tablets per day, and Tizanidine at 2 tablets per day, and serum drug test. His work status is noted to be on Social Security Income disability and works on a volunteer basis at a church.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Tramadol 50mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/On-going management.

**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 state that tramadol 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 no indication that the tramadol is improving the patient's function or pain (in terms of specific examples of objective functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested tramadol, is not medically necessary.