

<b>Case Number:</b>	CM15-0127000		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	12/18/2013
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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: 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 (IW) is a 51-year-old female who sustained an industrial injury on 12/18/2013. Diagnoses include sacroiliitis, lumbar radiculopathy and lumbar facet pain. Treatment to date has included medication, physical therapy and TENS unit. According to the progress notes dated 5/22/15, the IW reported low back pain radiating to the left lower extremity. She refused a steroid injection, stating she was allergic to steroids. She stated her medications and TENS unit helped her pain. On examination, the low back and left posterior hip were tender to palpation and spasms were present. Increased flexion and rotation caused radiation of pain down the lateral leg. X-rays of the bilateral hips on 4/21/15 showed minimal hypertrophic changes of the bilateral superior acetabuli, possibly reflecting an element of impingement. An MRI on 5/6/14 showed varying degrees of foraminal encroachment at L2-through L4-5 and facet degeneration at L4-5 and L5-S1. The office visit notes dated 8/31/14 reflected IW had complaints of "stomach side effects" from the Tramadol. In the initial report of injury dated 10/6/14, Tramadol is listed as an allergy due to "causes dizziness and nausea", but was listed as part of the IW's current medications. A request was made for Tramadol HCL 50mg, #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL 50mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing; Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC]; Opioids, criteria for use; Opioids, criteria for use, Therapeutic Trial of Opioids; Opioids, criteria for use, On-going Management; Opioids for chronic pain; Opioids for neuropathic pain; Opioids, dosing; Tramadol (Ultram); Weaning of Medications Page(s): 43, 74, 76, 77, 78, 80, 86, 91, 113, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

**Decision rationale:** This patient receives treatment for chronic low back pain. The medical diagnoses include sacroiliitis, lumbar disc disease, and facet joint arthritis. This review addresses a request for tramadol. On physical examination there were low back muscle spasms and tenderness on palpation on the L hip. Of concern is that the documentation states that the patient has an allergy to tramadol. Tramadol is an opiate like medication. This patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document any quantitative assessment of return to function while taking the medication, which is an important clinical measure of drug effectiveness. Based on the documentation treatment, the request is not medically necessary.