

<b>Case Number:</b>	CM15-0128472		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	12/21/1998
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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 51 year old female, who sustained an industrial injury on 12/21/1998. The medical records submitted for this review did not include documentation regarding the initial injury or a comprehensive list of prior treatments to date. Diagnoses include lumbar facet arthropathy, degenerative disc disease, low back pain, chronic pain, sacroiliac joint inflammation, lumbar spondylosis, polymyalgia rheumatic and depression. Currently, she complained of worsening low back pain with radiation down bilateral lower extremities. Pain was rated 10/10 VAS without medication and 7/10 VAS with medication. On 5/12/15, the physical examination documented lumbar spine tenderness and pain with range of motion. The plan of care included Tramadol HCL 50mg tablets, one tablet once to twice per day #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL 50mg #60 for 30 days: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49;115,Chronic Pain Treatment Guidelines Page(s): 78, 80-81, 93-94, 124.

**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 this 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, it appears that the patient does obtain some limited pain relief and functional improvement from medications. However, she is noted to be utilizing Percocet prescribed by another provider and there is no clear indication for the use of multiple concurrent short-acting opioids. 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.