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| <b>Case Number:</b>   | CM15-0149393 |                              |            |
| <b>Date Assigned:</b> | 08/12/2015   | <b>Date of Injury:</b>       | 09/04/2012 |
| <b>Decision Date:</b> | 10/05/2015   | <b>UR Denial Date:</b>       | 06/23/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/31/2015 |

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 34-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 4, 2012. In a Utilization Review report dated June 24, 2015, the claims administrator failed to approve a request for tramadol. The claims administrator referenced a March 3, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On March 5, 2015, the applicant reported ongoing complaints of low back pain status post receipt of a recent epidural steroid injection therapy. Prolonged sitting and standing remained problematic. Residual radicular pain complaints were reported. Naprosyn, tramadol, Flexeril, Lidoderm, and Doral were renewed and/or continued. The applicant's work status was not detailed. The attending provider contended that the applicant's medications had attenuated the applicant's pain complaints. On April 30, 2015, the applicant reported 1/10 pain without medications versus 3/10 with medications. Sitting, standing, and movement remained problematic, it was reported. Naprosyn, tramadol, Flexeril, Lidoderm, and Doral were renewed. Once again, the applicant's work status was not reported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL CAP 150mg ER 30 day supply Qty: 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 74, 76-78, 80, 86, 91, 113, and 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for tramadol, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not reported on a progress note of April 30, 2015 referenced above. While the attending provider did recount some reduction of pain scores reportedly effected as a result of ongoing tramadol usage on that date, these reports were, however, outweighed by the attending provider's failure to report the applicant's work status and/or the attending provider's failure to identify meaningful, material, and/or substantive improvement in function (if any) effected as a result of the same. Therefore, the request was not medically necessary.