

<b>Case Number:</b>	CM15-0170019		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	10/16/2013
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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: Arizona, 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 is a 56 year old male, who sustained an industrial injury on 10-16-2013. The current diagnosis is low back pain. Medical records (3-30-2015 to 7-27-2015) indicate ongoing low back pain rated 5 out of 10 to 7 out of 10 on a subjective pain scale. The physical examination favored the potential of L4-5 and L5-S1 disk protrusion and-or herniation with evidence of an existing L5-S1 nerve root. The current medications are Ibuprofen, Nortriptyline, and Tramadol. It is unclear when the Tramadol was originally prescribed. Treatment to date has included medication management, physical therapy (beneficial), home exercise program, MRI studies, TENS unit, and massage. MRI from 7-1-2015 shows multilevel discogenic degenerative changes most pronounced at T12-L1 and L4-5 and facet arthritis at L2-3 and L3-4 possibly responsible for low back pain. The facet arthrosis and hypertrophy does contribute to foraminal narrowing and nerve root abutment at L3-4 and L4-5 levels. Work status is described as temporarily totally disabled. The request for authorization (8-5-2015) requested Nortriptyline, Tramadol, and 6 additional physical therapy sessions. The original utilization review (8-11-2015) denied a request for Tramadol #10.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg, 1 tablet by mouth as needed #10: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Opioids, criteria for use, Weaning of medications Page(s): 93-94, 78-80, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain score was not routinely documented. The claimant was on Tramadol for several months. The claimant was already on a Tricyclic and there was no mention of weaning Tramadol. The continued use of Tramadol as above is not medically necessary.