

<b>Case Number:</b>	CM15-0172615		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	09/03/2011
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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: Massachusetts

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 41 year old male who sustained an injury on 9-3-11. Diagnoses are status post lumbar fusion L1 to L3 and L2 anterior wedge compression fracture. Treatment has included surgery, physical therapy, work restrictions and medications. The medical records (8-19-14) indicate a request for Tramadol 300 mg ER to be used every day #30 with 2 refills; 1-17-15 Tramadol 200 mg ER and most recently on 7-7-15 Tramadol 50 mg every 6 hours as needed for pain #120. He reports using Tramadol only on days when he has severe pain. Physical examination lumbar spine range of motion reveals normal flexion, rotation and lateral bending with extension limited to 20 degrees; straight leg raise was positive in the seated position; normal walking gait. MRI 7-23-13 reveals a L2 compression fracture with kyphotic deformity and L1 to L3 pedicle screw fixation; no evidence of disc herniation above or below the fractured L2 level. Work status included no repetitive bending, stooping or twisting; no lifting above 30 pounds. He completed 3 sessions of physical therapy for a flare up and states it helped to reduce his pain. The plan was to request physical therapy 2 x 4 sessions for the lumbar spine; Flexeril 5 mg every 12 hrs. as needed for spasm and Tramadol 50 mg #120. Utilization review 8-14-15 requested treatment was modified to #96.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** The claimant sustained a work injury in September 2011 and has a history of a lumbar fusion in August 2012. When seen, there had been benefit after 3-4 sessions of physical therapy. He was taking tramadol when having severe pain and reported that he used the medication daily he had an inability to sleep. Physical examination findings included tenderness throughout the lumbar spine. There was decreased lumbar extension and decreased right lower extremity sensation. Straight leg raising was positive for back pain. Patrick's testing was positive bilaterally. Tramadol and Flexeril were prescribed. Prior medications have included extended release tramadol and Butrans. Tramadol is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, an increased level of function, or improved quality of life and it appears to be causing side effects causing difficulty sleeping. Continued prescribing was not medically necessary.