

<b>Case Number:</b>	CM15-0175372		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	01/12/2014
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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 54-year-old male, who sustained an industrial injury on 1-12-2014. Diagnoses include lumbar radiculopathy, and lumbar disc bulge with nerve root impingement. Treatment to date has included diagnostics including electrodiagnostic testing, epidural steroid injections physical therapy, and medications including Tramadol. Per the Primary Treating Physician's Progress Report dated 6-18-2015 the injured worker was status-post epidural steroid injection on 5-28-2015 with 60% relief in low back pain and 75% relief in legs. Medication use has decreased by approximately 50%. Functional activity has moderately increased with increase in activity level and endurance. Objective findings included negative straight leg raise, improved range of motion and he was able to heel toe walk. The injured worker has been prescribed Tramadol since at least 2-13-2015. Per the medical records, dated 2-23-2015 to 5-18-2015 there was no documented decrease in symptomology, increase in activities of daily living or decrease in pain level attributed to the use of medications. The plan of care included medications and authorization was requested on 6-19-2015 for Tramadol 50mg #120. On 8-11-2015, Utilization Review non-certified the request for Tramadol 50mg #120 citing lack of documented functional benefit to indicate medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg, 1 tablet 4 times daily #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 for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

**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, 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 increased with activities while on the Tramadol and Naproxen. There was no mention of Tylenol or Tricyclic failure. The claimant still required ESis for pain relief. The continued use of Tramadol as above is not medically necessary.