

<b>Case Number:</b>	CM15-0175500		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	04/01/1998
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2015

### 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: Emergency 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 injured worker was a 56 year old male, who sustained an industrial injury, April 1, 1998. According to progress note of June 1, 2015, the injured worker's chief complaint was a fall week prior to this visit. The injured was having neck and upper back and to a less extent in the lower back. The physical exam noted diffuse tenderness along the paraspinals C4-C7 as well as the upper trapezius. There was pain with range of motion especially at extremes with rotation. On August 18, 2015, the pain specialist prescribed Tramadol 50mg 2 tablets once daily for 30 days. The injured worker chief complaint was ongoing low back pain. The injured worker reported the physical therapy increased the pain in the low back. The injured worker had increased [pain with home exercise program. The injured worker had started using the spinal cord stimulator more frequently. The physical exam noted the characteristics of the injured worker's pain had not changed. There were no new neurological complaints. The injured worker was taking small doses of supplemental analgesics for the increased pain. The physical exam noted no apparent loss of coordination. The injured worker had an upright posture. The injured worker had some difficulty with moving from a seated position. There was lumbosacral paraspinal tenderness. The injured worker complained of pain with extension of the low back. The straight leg raises were positive. The injured worker was undergoing treatment for status post anterior cervical discectomy and fusion of C5-C7 secondary to cervical stenosis and myelopathy, status post multiple lumbar and thoracic surgeries, the most recent resulting in a T9 to pelvis fusion, thoracic stenosis with myeloradiculopathy status post laminectomy, superficial neuroma right side paraspinal incision, peripheral stimulator lead implant. The injured worker previously

received the following treatments Tramadol 50 mg three times daily since February 2015, Tramadol was decreased to 2 tablets once a day in May 19, 2015, Norco 5-325mg 1 tablet 2 times daily as needed for pain, Ambien CR 12.5mg daily at hour of sleep, multilevel fusion of the lumbar spine. The RFA (request for authorization) dated August 18, 2015; the following treatments were requested prescription for Tramadol 50mg #60. The UR (utilization review board) denied certification on August 25, 2015, for the prescription for Tramadol for 50mg #60 was not medically necessary but weaning was recommended.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Tramadol 50mg, #60:** 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, specific drug list.

**Decision rationale:** The requested Tramadol 50mg, #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has some difficulty with moving from a seated position. There was lumbosacral paraspinous tenderness. The injured worker complained of pain with extension of the low back. The straight leg raises were positive. The injured worker previously received the following treatments Tramadol 50 mg three times daily since February 2015, Tramadol was decreased to 2 tablets once a day in May 19, 2015, Norco 5-325mg 1 tablet 2 times daily as needed for pain, Ambien CR 12.5mg daily at hour of sleep, multilevel fusion of the lumbar spine. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Tramadol 50mg, #60 is not medically necessary.