

<b>Case Number:</b>	CM15-0065749		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	01/05/2012
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	03/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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 is a 47 year old female, who sustained an industrial injury on January 5, 2012. The injured worker was diagnosed as having L5-S1 annular tear, protrusion L5-S1 with bilateral L5 radiculopathy (electrodiagnostically positive), and right hip pain. Treatment to date has included MRI, electromyography (EMG)/nerve conduction velocity (NCV), physical therapy, home exercise program (HEP), activity modification, cortisone injection, chiropractic treatments, and medication. Currently, the injured worker complains of low back pain with right greater than left lower extremity symptoms. The Primary Treating Physician's report dated March 12, 2015, noted an epidural injection of the lumbar spine continued to facilitate 70% diminution in radicular pain. Physical examination was noted to show tenderness of the lumbar spine. The treatment plan was noted to include continued request for concurrent chiropractic treatments, continued exercise, and prescribed Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 mg, sixty count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain and Tramadol Page(s): 78-82, 113.

**Decision rationale:** The requested Tramadol 50 mg, sixty count, 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 low back pain with right greater than left lower extremity symptoms. The Primary Treating Physician's report dated March 12, 2015, noted an epidural injection of the lumbar spine continued to facilitate 70% diminution in radicular pain. Physical examination was noted to show tenderness of the lumbar spine. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, 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 50 mg, sixty count is not medically necessary.