

<b>Case Number:</b>	CM15-0067216		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	06/11/2009
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 61-year-old female, who sustained an industrial injury on 06/11/2009. She reported injuring his low back after a fall. The injured worker is currently diagnosed as having lumbar facet syndrome, lumbar disc disorder, lumbar radiculopathy, sacroiliitis, and low back pain. Treatment to date has included lumbar spine MRI, electromyography/nerve conduction studies, radiofrequency ablation, medial branch block, sacroiliac joint block, and medications. In a progress note dated 01/20/2015, the injured worker presented with complaints of a lower backache. The treating physician reported requesting authorization for Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL 50mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ongoing management Page(s): 78-80.

**Decision rationale:** Tramadol HCL 50mg #120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The 3/18/15 progress note states that Norco was discontinued as the patient has chosen to drink social alcohol and the treating physician will no longer prescribe further narcotic medications at this time. Additionally, the documentation indicate that the patient's urine toxicology from 3/18/15 and 12/23/14 were both negative for Tramadol which was reported as prescribed. The MTUS states that for ongoing opioid use there should be clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation indicates that the patient has used alcohol with narcotics and had 2 inconsistent urine toxicology screens therefore the request for Tramadol is not medically necessary.