

<b>Case Number:</b>	CM15-0068622		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	04/13/2010
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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:

This 43 year old male sustained an industrial injury to the neck and low back on 4/13/10. Previous treatment included magnetic resonance imaging, electromyography, lumbar fusion, physical therapy, acupuncture, psychiatric care, spinal cord stimulator trial and medications. In a PR-2 dated 2/26/15, the injured worker complained of constant moderate to severe pain affecting the low back, neck, legs and head, rated 9/10 on the visual analog scale without medications and 5-6/10 with medications. The injured worker reported having difficulty standing at work. The injured worker wanted to proceed with a trial epidural steroid injection. Current diagnoses included chronic low back and sciatica pain, status post spinal fusion, status post hardware removal and status post spinal cord stimulator trial, chronic neck pain with cervicogenic headaches secondary to cervical disc injury with right foraminal stenosis and right elbow epicondylitis. The treatment plan included a drawstring corset SLEEPQ back brace, a trial of cervical spine epidural steroid injections, continuing medications (Norco and Prilosec) and a trial of Relafen and Tramadol ER to improve analgesia and function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL cap 150mg ER #60 2 qd:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for neuropathic pain and Opioids, cancer pain vs. nonmalignant pain and Ongoing management Page(s): 82-83 and 84 and 78-80.

**Decision rationale:** Tramadol HCL cap 150mg ER #60 2 qd is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. Additionally, the MTUS does not support opioids for chronic non specific back pain or neuropathic pain. The documentation reveals that the patient has chronic low back pain and neck pain and been on long term opioids without significant evidence of functional improvement or improvement in symptomatology. Therefore the request to initiate Tramadol is not medically necessary.