

<b>Case Number:</b>	CM15-0070528		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	03/16/2014
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 62 year old female, who sustained an industrial injury on 03/16/2014. The initial complaints or symptoms included low back and right hip pain as a result of cumulative trauma. The injured worker was diagnosed as having a muscle spasm, but was later diagnosed with bone-on-bone disease of the right hip. Treatment to date has included conservative care, medications, x-rays, MRIs, right total hip arthroplasty, lumbar epidural steroid injections, nerve block injection, cortisone injections, electrodiagnostic testing, and physical therapy. Currently, the injured worker complains of persistent low back pain. The diagnoses include lumbar disc protrusions, right L5 radiculopathy, and status post right total hip arthroplasty. The treatment plan consisted of additional physical therapy for the lumbar spine, Tramadol (denied) and follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 150 mg Qty 30 (DOS: 3/10/2015):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); Opioids Page(s): 113, 74-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

**Decision rationale:** The claimant is more than one-year status post work-related injury and continues to be treated for low back and right hip pain. Treatments have included a right total hip replacement. When seen, she was having ongoing low back pain. Physical examination findings included paraspinal muscle tenderness. There was decreased and painful lumbar spine range of motion. She had decreased right hip range of motion. She was referred for additional physical therapy. Tramadol was prescribed at a total MED (morphine equivalent dose) of 30 mg per day. Prior medications had included Norco. Tramadol is a short acting opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. The claimant has undergone a hip replacement and would be expected to have somewhat predictable activity related pain (i.e. incident pain) when standing and walking. She is noted to be working at restricted duty. Therefore, the prescribing of Tramadol is medically necessary.