

<b>Case Number:</b>	CM15-0070786		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	11/05/2008
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/16/2015
<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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 male, who sustained an industrial injury on 11/5/08. The injured worker has complaints of thoracic pain, feeling increased pressure on his chest and the pain can be so severe that he has difficulty breathing. The documentation noted that the injured worker is not agreeable for a cervical fusion and he wants to wait for cervical fusion and arthroplasty approval (Independent Medical Review (IMR) denied). The diagnoses have included thoracic compression fractures, closed head injury with resultant depression, cervical C5-C6 and C6-C7 degenerative disc disease chronic pain syndrome. Treatment to date has included magnetic resonance imaging (MRI), thoracic spine surgery consultation, Cymbalta and Tramadol to help with pain and stiffness and home exercise program. The request was for Tramadol.

### 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 Treatment Guidelines Page(s): 93-94, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Tramadol Page(s): 92-93.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS Guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs), and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain increased scores were not consistently documented to realize benefit. The claimant had been on Tramadol for over 8 months. There was no mention of Tylenol or NSAID failure. The continued use of Tramadol as above is not medically necessary.