

<b>Case Number:</b>	CM15-0092555		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	06/23/2011
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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 66 year old male who sustained an industrial injury on 06/23/2011. Diagnoses include lumbar disc disorder, degeneration of lumbar disc, and pain in joint of lower leg. The injured worker also has had surgeries and diagnoses which include coronary artery disease status post bypass surgery in 2008, status post cerebrovascular accident with residual left sided weakness, gall bladder surgery in 2006, diabetes, and right knee arthroscopic surgery on 04/05/2012. A Magnetic Resonance Imaging of the lumbar spine done on 09/18/2013 revealed mild-moderate degenerative disc disease of the lumbar spine most prominent at L3-4 and L4-5, broad based disc bulge measuring approximately 3mm and bilateral facet arthropathy causing mild spinal stenosis at L3-4, and L4-5 disc osteophyte complex causing mass effect on the anterior thecal sac, but no spinal canal stenosis. There is bilateral moderate neural foraminal narrowing. Treatment to date has included diagnostic studies, four weeks of a functional restoration program but could not complete the entire 6 weeks because he started working in a supervisory position managing his family members, and medications. His medications include Tramadol, Atenolol, Famotidine, Fenofibrate, Glipizide, Glucophage, Lisinopril, Metformin, Simvastatin, Clopidogrel, Niacin, and Omega 3. A physician progress note dated 04/29/2015 documents the injured worker complains of low back pain with radiation into the right lower extremity. With his medications his pain is decreased by 50-60 percent for about 6 hours after each dose. The medication helps him with functionality. The injured worker has an antalgic gait and uses a cane. He has not been able to obtain the Tramadol due not nor having a medication

card. He is unable to tolerate his pain without any medication. Treatment requested is for Tramadol/APAP 37.5mg #90 SIG.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Tramadol/APAP 37.5mg #90 SIG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 80-84 of 127.

**Decision rationale:** The patient sustained an injury in June of 2011. Diagnoses include lumbar disease with neural foraminal narrowing but no spinal canal stenosis. He has been treated with analgesic medications with some improvement. The request is for the use of Tramadol/APAP, which is a centrally acting analgesic combination. The MTUS guidelines state that with regards to tramadol there are no long-term studies to allow for recommendations beyond 3 months. Based on the duration of this patients use, further treatment would not be supported.