

<b>Case Number:</b>	CM15-0099038		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	01/14/2008
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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: Preventive Medicine, Occupational 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 is a 38 year old female with a January 14, 2008 date of injury. A progress note dated May 6, 2015 documents subjective findings (lower back pains with pains into the legs; daily headaches; objective findings (decreased range of motion of the lumbar spine, right patella femoral discomfort), and current diagnoses (lumbar disc herniation; chondromalacia of the patella). Treatments to date have included medications, magnetic resonance imaging of the lumbar spine (September 5, 2009; showed central disc bulge at L5-S1), and electromyogram/nerve conduction velocity of the lower extremities (normal findings). The medical record identifies that Tramadol helps control the pain, but that the injured worker has not taken any for three months. The treating physician documented a plan of care that included Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Tramadol 50mg, #60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 74-95.

**Decision rationale:** Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. There was minimal pain control for the injured worker when she was previously prescribed Tramadol. There were also inconsistencies in her urine drug screens. The request for 1 prescription of Tramadol 50mg, #60 with 3 refills is determined to not be medically necessary.