

<b>Case Number:</b>	CM13-0046548		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/26/2010
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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: Physical Medicine & Rehabilitation

### 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 56 year old male with an industrial injury dated 08/26/2010. His diagnoses included nonunion of lumbar 5-sacral 1 and lumbago. Prior treatments included medications, surgery and diagnostics. He presents on 09/20/2013 with low back pain. Physical exam revealed lumbar spine was tender to palpation with decreased range of motion. The provider notes the injured worker is continuing to have discomfort in the low back area and was taking tramadol for pain. The provider requested authorization for tramadol for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 mg #50:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids CRITERIA FOR USE OF OPIOIDS Page(s): 76-80.

**Decision rationale:** The injured worker is being treated for chronic low back pain diagnosed as L4-5 and L5-S1 nonunion, status post 6/14/12 lumbar fusion. Lumbar CT scan dated 5/11/13 reports evidence of disc protrusion at L2-3 causing thecal sac compression and fusion of L4-S1. Most current physical examination dated 12/1/13 indicates no spinal deformities, impaired lumbar range of motion at end ranges secondary to pain, no muscle tenderness or spasms and

normal neurologic examination. Plan is for a potential lumbar revision surgery. Patient was returned to work on 12/13/13 with work restrictions to include no lifting greater than 20 pounds. Available medical records indicates patient was trialed on various analgesics including Norco, Robaxin, Motrin and Ultracet. Records indicate back pain levels ranging from 5-6/10. Request is currently being made for tramadol 50mg quantity 50 in treatment of chronic low back pain. With regards to continuation of opioid therapy, MTUS guidelines recommends continuation with improved pain and function or return to work. In the case of this injured worker, although documentation is not current, it adequately supports continued opioid therapy is medically necessary.