

<b>Case Number:</b>	CM13-0031549		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	04/05/2011
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is 54-year-old female who was injured in a work-related accident on 4/5/11. An assessment dated 11/4/13 documents ongoing complaints of pain about her neck, right shoulder, right arm, and left knee. Physical examination findings at that date showed equal and symmetrical upper and lower extremity reflexes. The knee examination showed no positive findings, no tenderness, full range of motion, negative McMurray's testing and negative effusion. The low back was with tenderness to palpation of the left vertebral musculature, with neck examination demonstrating full range of motion and tenderness over the right neck and right trapezial muscles. The clinical diagnosis was right knee and left knee contusions, and the treatment plan at that time was for continuation of medication management and orthopedic referral. Formal documentation of imaging is not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 325mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75,80-84,91-94.

**Decision rationale:** Records in this case give no indication of formal imaging to support or refute current diagnosis of multiple orthopedic joint injuries. Guideline criteria with regard to using Tramadol for low back pain do not indicate continued use after 16 weeks; beyond this timeframe, randomized clinical trials document unclear efficacy. The claimant has been utilizing the medicine for greater than four months. Its continued role as stated, based on limited documentation of objective findings, and no clinical correlation with imaging, would fail to necessitate its continued use.