

<b>Case Number:</b>	CM13-0050903		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/16/2011
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine, 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 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/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 a represented [REDACTED] employee who has filed a claim for chronic knee and shoulder pain reportedly associated with an industrial injury of May 16, 2011. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; muscle relaxants; and topical compounds. In a Utilization Review Report of October 31, 2013, the claims administrator approved an MRI of the knee, an EMG of the right upper extremity, Flexeril, and a topical compounded cream while denying tramadol. The patient's attorney subsequently appealed. An earlier note of October 3, 2013 is notable for comments that the patient is currently off of work, and is receiving Total Temporary Disability benefits and State Disability Insurance benefits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ULTRAM 50MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63,79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Section Page(s): 80.

**Decision rationale:** The patient is a represented [REDACTED] employee who has filed a claim for chronic knee and shoulder pain reportedly associated with an industrial injury of May 16, 2011. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; muscle relaxants; and topical compounds. In a Utilization Review Report of October 31, 2013, the claims administrator approved an MRI of the knee, an EMG (electromyography) of the right upper extremity, Flexeril, and a topical compounded cream while denying tramadol. The patient's attorney subsequently appealed. An earlier note of October 3, 2013 is notable for comments that the patient is currently off of work, and is receiving Total Temporary Disability benefits and State Disability Insurance benefits. The patient last worked in October 2011, it is stated. Persistent knee and shoulder pain were reported. The patient was on Vicodin and Motrin, both of which were apparently refilled, along with several topical compounded drugs and cyclobenzaprine. The patient was again given work restrictions which effectively resulted in the patient's removal from the workplace. The request for Ultram 50mg, 60 count, is not medically necessary or appropriate.