

<b>Case Number:</b>	CM13-0069794		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/03/2011
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 33-year-old male who reported an injury on 10/03/2011. The mechanism of injury was not stated. Current diagnoses include thoracic strain, lumbar strain, and status post left knee ACL reconstruction. The injured worker was evaluated on 11/15/2013. The injured worker reported thoracic, lumbar, and left knee pain. Current medications include Prilosec and Ultram. Physical examination revealed limited lumbar range of motion, tenderness to palpation, and positive Kemp's testing. Physical examination of the left knee also revealed limited range of motion, medial joint line tenderness, and decreased strength with positive patellofemoral grind testing. Treatment recommendations included continuation of current medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ULTRAM (TRAMADOL 50 MG) TABLET #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and

documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized Ultram 50 mg since 03/2013. There is no documentation of objective functional improvement as result of the ongoing use of this medication. The injured worker continues to report persistent pain. Physical examination continues to reveal limited range of motion and tenderness to palpation. As such, the request is not medically necessary.