

<b>Case Number:</b>	CM14-0129506		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	03/28/2014
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 54-year-old female was reportedly injured on March 28, 2014. The mechanism of injury is listed as rushing around at work and felt the crack in her right foot/ankle. The most recent progress note, dated July 15, 2014, indicates that there are ongoing complaints of neck pain, upper back pain, low back pain, and right ankle pain. The physical examination demonstrated tenderness of the cervical spine paraspinal muscles and decreased cervical spine range of motion. Examination of the lumbar spine also noted tenderness of the paraspinal muscles along with spasms. There was a normal upper and lower extremity neurological examination. Examination of the right ankle noted tenderness at the anterior talofibular ligament and medial joint line tenderness as well as tenderness of the calf. Diagnostic imaging studies were not available. Previous treatment includes physical therapy and oral medications. A request had been made for tramadol ER and was denied in the pre-authorization process on July 30, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Page 87-88.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines, tramadol is not recommended as a first-line therapy. Opioid analgesics and Tramadol have been suggested as a second-line treatment (alone or in combination with first-line drugs). A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain. Furthermore, it is unclear why the injured employee has been prescribed tramadol ER for pain when it is unknown what the efficacy was of NSAIDs or immediate release opioid medication. There is no documentation that these other first-line medications have been ineffective in controlling the injured employees pain. As such, this request for tramadol ER 150 mg is not medically necessary.