

<b>Case Number:</b>	CM14-0177633		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	05/17/2007
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and 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 patient is a 54 year old male who was injured on 5/17/2007. The diagnoses are lumbar radiculitis, lumbar facet arthropathy, left knee and low back pain. There are associated diagnoses of insomnia and morbid obesity. On 6/12/2014, the MRI of the left knee showed medial meniscus tear, quadriceps tendinosis, chondromalacia and osteoarthritis. On 10/30/2014, [REDACTED] / [REDACTED] noted subjective complaint of pain score of 5-6/10 with medication and 9/10 without medication. There were objective findings of tenderness of the lumbar paraspinal muscles, muscle spasm, positive straight leg raising test and decreased sensation along the left S1 dermatomes. The left knee findings were joint effusion, positive drawer and McMurray tests. A prescription for Tylenol #3 and Naproxen was given to the patient. A Utilization Review determination was rendered on 10/10/2014 recommending non certification for tramadol 50mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96, 113, 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids is associated with the development of tolerance, dependency, addiction, sedation, and adverse interaction with other sedatives. The use of Tramadol is associated with less opioid induced adverse effects than pure opioid agonists. The most recent medical records indicate that the patient is currently utilizing Tylenol # 3 another opioid medications. The use of multiple opioid medications is associated with increased risk of opioid associated adverse effects. There is no documentation of compliance monitoring measures such as UDS, absence of aberrant drug behaviors and functional restoration measures. The criteria for the use of Tramadol 50mg #60 were not met. Therefore, the request is not medically necessary.