

<b>Case Number:</b>	CM14-0027770		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	02/21/2012
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 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 52 years old female DOI (Date of injury) 2/21/12. Subsequent to the injury she has developed chronic low back pain, persistent right knee synovitis and an incomplete ACL (Anterior Cruciate Ligament) tear (pending surgery), bilateral wrist tenosynovitis with electrodiagnostic positive carpal tunnel syndrome. She has been prescribed oral anti-inflammatories and acid inhibitors. She rates the back and knee pain as a 6/10 on a near constant basis. More recently a recommendation to add Tramadol 50mg. #60 as an oral analgesic. This was denied in U.R. stating that the prescribing primary treating physician did not document that he was the only prescriber and what was the minimum starting dose. Subsequent to the U.R. denial detailed narratives by the treating physician have documented that they are the prescribing entity and the recommended starting dose is 50mg twice daily as needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMADOL 50 MG # 60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 77, 93.

**Decision rationale:** Subsequent documentation has addressed the prior Utilization Review concerns. being Consistent with MTUS guidelines, the Tramadol is prescribed and monitored by the primary treating physician. In addition, the recommended trial of 50mg twice daily , as needed, is a very low starting dose consistent with guideline recommendations. Therefore, the trial of Tramadol 50mg #60 appears medically necessary and appropriate under these circumstances.