

<b>Case Number:</b>	CM14-0038822		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	04/25/2001
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 54 y/o male, DOI 4/23/01. He has developed chronic low back pain and knee pain. The records state that there has been a diagnosis of CRPS made regarding the left knee pain. Exam findings available for review do not document findings unique to CRPS. There are no neurological deficits related to the low back. He has been treated with surgery, injections and oral analgesics. He is provided Tramadol #120 on a monthly basis, however there is no specific documentation of how it is utilized, level of pain relief or functional benefits from its use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL 50mg #120 with 3 refills.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, weaning of medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management: Tramadol Page(s): 78; 93,94.

**Decision rationale:** The use of Tramadol may end up being medically necessary, but at this time per MTUS Chronic Pain Guidelines, the treating physician has not provided adequate documentation to support its long term use. Tramadol has opioid effects and is to be monitored as an opioid/narcotic. To justify long term use Guidelines recommend specific documentation in

relationship to its use i.e. specific use patterns, level of pain relief, benefits for functioning and the lack of aberrant behaviors. If the treating physician would review and document according to these standards the Tramadol use may be justified. However, at this time according to MTUS Guideline standards the long term daily use of Tramadol is not supported to be medically necessary.