

<b>Case Number:</b>	CM14-0039894		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	03/31/2009
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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 58-year-old man who sustained a work-related injury on March 31, 2009. Subsequently, he developed neck, knee, shoulder, and low back pain. The patient underwent right knee surgery on December 16, 2009 and again on February 1, 2012; a lumbar surgery on October 14, 2010 with subsequent hardware removal on August 31, 2012; and a right shoulder surgery on July 17, 2013. According to a medical evaluation dated December 17, 2013, the patient was reported to have lumbosacral spine pain radiating to the left knee. There is numbness over the plantar aspects of both feet. His physical examination demonstrated lumbar tenderness with reduced range of motion. The supine straight leg raise and Lasegue were negative bilaterally. His physical examination showed also normal hip and knee range of motion. There is no collateral ligament laxity and the Lachman examination was negative bilaterally. The motor and sensory examination was normal. The deep tendon reflexes, right/left: quadriceps 1+/1+ and gastroc soleus 0+/0+. The medications that have been used by the patient included Tramadol, Cyclobenzaprine, Gabapentin, and Naproxen. The provider requested authorization to use Tramadol HCL ER.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL ER 150mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol  
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**Decision rationale:** Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. Although, Tramadol may be needed to help with the patient pain, there is no clear evidence of objective and recent functional and pain improvement from its previous use. There is no objective documentation of pain severity level to justify the use of Tramadol in this patient. There is no clear documentation of the efficacy/safety of previous use of Tramadol. There is no recent evidence of objective monitoring of compliance of the patient with his medications. Therefore, the prescription of Tramadol HCL ER 150 mg #90 is not medically necessary.