

<b>Case Number:</b>	CM14-0068283		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	07/30/2004
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 53-year-old female was reportedly injured on July 30, 2004. The mechanism of injury is undisclosed. The most recent progress note, dated March 17, 2014, indicates that there are ongoing complaints of neck pain and low back pain. Tramadol was stated to help the injured employee perform activities around the house and decreased her pain by about fifty percent. The physical examination demonstrated tenderness along the cervical and lumbar paraspinal muscles, decreased cervical and lumbar range of motion, decreased motor strength was noted at the left upper and left lower extremity secondary to pain. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes acetaminophen and Tramadol. A request was made for Tramadol extended release (ER) and was not certified in the preauthorization process on April 29, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg #30:** 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): 82, 113.

**Decision rationale:** According to the attached medical record the injured employee did state she had decreased function and increased ability to perform activities of daily living with Tramadol 50 milligrams, however it was also noted that the injured employee complained of dizziness and depression associated with use of Tramadol. Additionally this request is for Tramadol extended release (ER) 150 milligrams tablets, which may decrease efficacy and increasing tolerance of Tramadol. For these reasons this request for Tramadol ER 150 milligrams is not medically necessary.