

<b>Case Number:</b>	CM14-0068457		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	05/26/2009
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/10/2014
<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, has a subspecialty in Interventional Spine 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 44 year old with an injury date on 5/26/90. Patient complains of left knee pain rated 8/10, right elbow pain rated 10/10, and bilateral arm pain rated 10/10 on right and 9/10 on the left per 3/26/14 report. Patient also reports difficulty sleeping, depression since injury, problems with concentration/dizziness, excessive weight gain, and headaches per 3/26/14 report. Based on the 3/26/14 progress report provided by [REDACTED] the diagnoses are: 1. left knee s/s 2. right lateral epicondylitis 3. right medial epicondylitis 4. right wrist s/s 5. left wrist s/s 6. right forearm extensors tendinitis. Exam on 3/26/14 showed full and painless range of motion of right elbow. Full range of motion of bilateral wrists (but positive Tinel's sign on right wrist) Normal gait pattern. Close to normal range of motion of left knee but uncomfortable. [REDACTED] is requesting tramadol 50mg #60. The utilization review determination being challenged is dated 4/10/14. [REDACTED] is the requesting provider, and he provided treatment reports from 1/14/14 to 7/2/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

**Decision rationale:** This patient presents with left knee pain, right elbow pain, and bilateral arm pain. The treater has asked for tramadol 50mg #60 on 3/26/14. The 2/12/14 urine drug screen showed positive for Norco but not Tramadol. Review of records show patient has no history of taking Tramadol. Regarding medications for chronic pain, MTUS pg. 60 states treater must determine the aim of use, potential benefits, adverse effects, and patient's preference. Only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be recorded. In this case, the patient was taking Norco as of 2/12/14. As of 3/26/14, patient is no longer taking Norco and it appears treater is attempting a switch to Tramadol. In this case, a trial of Tramadol 50mg #60 appears reasonable for patient's ongoing chronic pain syndrome. The request is medically necessary.