

<b>Case Number:</b>	CM14-0079316		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	05/14/2012
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 Internal 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 injured worker is a 32 year old female who sustained an injury on 05/14/12 when she slipped and fell twisting her body and right knee landing forcefully to the right side of the body. The injured worker experienced pain in the right shoulder low back and right knee. Prior treatment included physical therapy and chiropractic manipulation and acupuncture treatment. The injured worker was previously recommended for injections and surgery for the right knee. Urine drug screen records from 2013 and 2014 were consistently negative for Tramadol although this medication was routinely prescribed. Clinical record from 04/14/14 noted ongoing complaints of low back pain radiating to the lower extremities with associated numbness and tingling and right shoulder pain and right knee pain. Physical examination noted limited range of motion of the right shoulder, knee, and lumbar spine; straight leg raise was positive bilaterally, and the injured worker ambulated with antalgic gait. The medication, Tramadol 50 milligrams, was continued at this visit. As of 05/14/14 complaints were unchanged. The injured worker reported some improvement with pain medications. Physical examination continued to show antalgic gait with loss of range of motion at the right shoulder, right knee, and low back. Tramadol was again continued at this visit. The requested Tramadol 50 milligrams quantity sixty was denied by utilization review on 05/01/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1Prescription of Tramadol 50mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (ultram)Opioids for neuropathic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

**Decision rationale:** Clinical documentation submitted for review noted minimal improvement by one to two points on visual analog scale (VAS) with medications. No specific functional improvement was mentioned with continued Tramadol. Clinical documentation submitted for review also did not discuss routinely consistent negative findings for Tramadol which was not consistent with prescribed medications. Given that there was clear inconsistency in the record for Tramadol based on urine drug screening value based on urine drug screen results and as there was no clear functional improvement or pain reduction with this medication this request is not medically necessary.