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| <b>Case Number:</b>   | CM14-0201502 |                              |            |
| <b>Date Assigned:</b> | 12/11/2014   | <b>Date of Injury:</b>       | 09/26/2000 |
| <b>Decision Date:</b> | 01/30/2015   | <b>UR Denial Date:</b>       | 11/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/01/2014 |

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 26, 2000. In a Utilization Review Report dated November 10, 2014, the claims administrator denied a request for Ultram (Tramadol). The claims administrator alluded to the applicant's carrying diagnoses of end-stage knee arthritis and chronic low back pain. The claims administrator referenced an October 15, 2014 progress note in its denial. The applicant's attorney subsequently appealed. On October 15, 2014, the applicant reported 8 to 9/10 bilateral knee and low back pain. The applicant was not working, it was acknowledged. The applicant was using Ultram for pain relief. The applicant was status post an earlier right knee meniscectomy and a left knee total knee arthroplasty. Both Ultram and permanent work restrictions were renewed, without any seeming discussion of medication efficacy. In a November 13, 2008 medical-legal evaluation, it was noted that the applicant had been off of work since late 2000. The applicant had been terminated by her former employer in 2005-2006 and was now receiving [REDACTED] benefits in addition to workers' compensation indemnity benefits, it was stated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #100 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** The request for Ultram (Tramadol), a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant is off of work. The applicant is receiving both workers' compensation indemnity benefits and [REDACTED] benefits, it was stated, above. The prescribing provider failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Ultram (Tramadol) usage. Therefore, the request was not medically necessary.