

<b>Case Number:</b>	CM15-0000670		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	10/04/2008
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 44 year old male, who sustained an industrial injury on October 4, 2008. The diagnoses have included status post lumbar spine fusion surgery and removal of hardware, status post spinal cord stimulator placement October 27, 2014, status post right knee arthroscopy with residual pain right knee degenerative disc disease, right ankle sprain rule out internal derangement, chronic pain, gastritis, diabetes mellitus, insomnia secondary to pain and elevated transaminases. Treatment to date has included spinal cord stimulator, oral pain medication, oral stool softener, oral proton pump inhibitor. Currently, the injured worker complains of bilateral shoulder, low back pain and leg pain. In a progress note dated December 11, 2014, the treating provider reports lumbar spine decreased range of motion, knees tender to palpation over lateral and medial joint lines of the right knee less over the medial joint line, resisted knee extension ins painful and week. On December 17, 2014 Utilization Review non-certified a Tramadol ER 150mg quantity 60, noting, Medical Treatment Utilization Schedule Guidelines was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78.

**Decision rationale:** The injured worker sustained a work related injury on October 4, 2008. The medical records provided indicate the diagnosis of status post lumbar spine fusion surgery and removal of hardware, status post spinal cord stimulator placement October 27, 2014, status post right knee arthroscopy with residual pain right knee degenerative disc disease, right ankle sprain rule out internal derangement, chronic pain, gastritis, diabetes mellitus, insomnia secondary to pain and elevated transaminases. Treatment included spinal cord stimulator, oral pain medication, oral stool softener, oral proton pump inhibitor. The medical records provided for review do not indicate a medical necessity for Tramadol ER 150mg #60. The available records indicate he has been taking this medication since 06/2014. Although the records indicate an improvement in pain and function, there is no evidence of opioid contrac, or that the injured worker is being monitored for aberrant drug taking behaviors, as recommended by the MTUS for On-Going Management with opioids.