

<b>Case Number:</b>	CM15-0121265		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	04/11/2012
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 female, who sustained an industrial injury on 04-11-2012. She has reported injury to the neck, shoulders, low back, right leg, right knee, and feet. The diagnoses have included chronic cervical strain; right shoulder rotator cuff syndrome; chronic lumbar strain; right knee meniscal tear; status post right knee arthroscopy; and rule out new meniscus tear, right knee. Treatment to date has included medications, diagnostics, injections, psychotherapy, physical therapy, and surgical intervention. Medications have included Tramadol, Norco, Naproxen, and topical compounded creams. A progress report from the treating physician, dated 04-08-2015, documented an evaluation with the injured worker. The injured worker reported pain in the cervical spine, lumbar spine, bilateral shoulders, right knee, right leg, and bilateral feet, as well as headaches and sleep issues; she continues with cervical spine pain with radiation to the bilateral wrists, considered an 8 out of 10 in intensity on the pain scale; lower back pain, rated at 8 out of 10 in intensity; bilateral shoulder pain, rated at 7 out of 10 in intensity; right knee pain, rated at 8 out of 10 in intensity; she is taking Ultram four tablets a day and reports improvement in her pain level from 8 out of 10 in intensity down to 4 out of 10 in intensity; the pain is made worse with change in weather and activities; and pain is made better with rest and medications; and she is currently not working. Objective findings included cervical spine revealed loss of range of motion, considered moderate; cervical compression test was positive on the right with radiation of pain to the right upper arm; lumbar spine revealed decreased range of motion; straight leg raise test was positive on the right and left with radiation of pain to the posterior thigh as well as anterior knee; bilateral wrists revealed palpable

tenderness over the pisiform area with loss of range of motion; and there was some decreased sensation at the ulnar nerve distribution of the bilateral forearms. The treatment plan has included the request for Ultram (Tramadol) 50 mg quantity 120 (retrospective review date of service: 04-08-15). The original utilization review, dated 05-29-2015, modified the request for Ultram (Tramadol) 50 mg quantity 120 (retrospective review date of service: 04-08-15), to Ultram (Tramadol) 50 mg, #90.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ultram (Tramadol) 50 mg Qty 120 (retrospective review DOS 4/8/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Tramadol.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

**Decision rationale:** Ultram (Tramadol) 50 mg Qty 120 (retrospective review DOS 4/8/15) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long-term opioids without significant evidence of increased function therefore the request for Ultram is not medically necessary.