

<b>Case Number:</b>	CM15-0132279		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	03/31/2009
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 58-year-old male with an industrial injury dated 03/31/2009. The injured worker's diagnoses include cervical discopathy, bilateral carpal tunnel syndrome, left shoulder impingement, status post right shoulder arthroscopic surgery, status post L4 to S1 fusion with retained symptomatic lumbar spinal hardware, status post removal of the lumbar spine hardware L4 to S1, bilateral hip bursitis versus lumbar radiculitis, internal derangement bilateral knees, status post right knee arthroscopic surgery with probable re-tear of the posterior horn of the medial meniscus, bilateral plantar fasciitis, bilateral ankle internal derangement, and status post left ankle and foot surgery. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 06/01/2015, the injured worker reported cervical spine pain radiating into the upper extremities with associated headaches and tension between the shoulder blades. The injured worker pain was unchanged and rated an 8/10. The injured worker reported constant back pain with radiation into the lower extremities rated an 8/10. The injured worker also reported intermittent bilateral shoulder pain, bilateral knee pain and bilateral feet and ankle pain rated a 4/10. Objective findings revealed tenderness, limited cervical range of motion and spasms in the cervical spine. Bilateral shoulder exam revealed tenderness, limited range of motion and weakness of the shoulders. Lumbar spine exam revealed tenderness and pain with terminal motion. Knee exam revealed tenderness at the left knee joint line and pain with terminal flexion. Bilateral feet/ankle exam revealed tenderness at the plantar aspect of the foot and anterolateral aspect of the ankles and pain with dorsiflexion of the foot. The treating physician prescribed Tramadol ER (extended release) 150 mg Quantity 90 now under review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER (extended release) 150 mg Qty 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Tramadol (Ultram) Page(s): 93-94; 78; 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80, 86.

**Decision rationale:** The claimant has a remote history of a work injury occurring in March 2009 and continues to be treated for headaches, bilateral shoulder, knee, foot, and ankle pain, low back pain, and radiating neck pain. When seen, the claimant's BMI was nearly 28. Pain was rated at 4-8/10. He was having difficulty sleeping. There was cervical and lumbar spine tenderness and pain with range of motion. Spurling's testing and seated straight leg raising were positive. There was bilateral shoulder tenderness with weakness and positive impingement testing. Authorization for medications was requested. Tramadol ER is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing is not medically necessary.