

<b>Case Number:</b>	CM15-0149710		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	06/09/2007
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/03/2015

### 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: 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 female who sustained an industrial injury on 6-9-2007. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include status post lumbar decompression, status post right common extensor release, ankle instability, status post left knee arthroscopy, right knee rule out meniscal pathology, status post right elbow reconstruction, rule out internal derangement-recurrent of loose bodies. Treatments to date include activity modification, stretching, heat, medication therapy and physical therapy. Currently, she complained of low back pain with radiation to bilateral lower extremities, left knee pain, left ankle instability, and right elbow pain. Medications were noted to increase ability to complete activities of daily living. On 7-1-15, the physical examination documented lumbar tenderness and decreased range of motion. The right elbow was tender with crepitation and decreased strength and range of extension. The plan of care included prescriptions for Anaprox 550mg, one tablet three times a day #90; Protonix 20mg, one tablet three times a day, #90; and Tramadol 150mg, one tablet twice a day #60 with two refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 150mg #30 (2 refills): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p 76-80 (2) Opioids, dosing, p 86 Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work injury in June 2007 and continues to be treated for right elbow, left knee and ankle, and low back pain with lower extremity radiating symptoms. Medications are referenced as allowing for completion of activities of daily living and shopping and light household activities. When seen, there was a slightly antalgic gait. She had difficulty transitioning from a seated position. There was decreased lumbar spine range of motion with tenderness and muscle spasms. There was decreased right elbow range of motion with tenderness and crepitus. There was decreased right upper extremity strength. Extended release Tramadol and Hydrocodone were prescribed. The total MED (morphine equivalent dose) was 80 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. 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. There are no identified issues of abuse or addiction and medications are providing improved function. The total MED is less than 120 mg per day consistent with guideline recommendations. However, the request for authorization and medications dispensed are not consistent. The request is for Tramadol 150 mg #30. What was dispensed was Tramadol ER 150 mg #60. As submitted, the request cannot be accepted as being medically necessary.