

<b>Case Number:</b>	CM15-0198551		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	09/16/2014
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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, New York, California  
 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of September 16, 2014. In a Utilization Review report dated September 30, 2015, the claims administrator failed to approve a request for tramadol. The claims administrator referenced a September 14, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On July 8, 2015, the applicant reported ongoing complaints of low back, mid back, and knee pain with radiation of low back pain to the left leg. An average pain score of 9/10 was reported, 8/10 at its best versus 10/10 at its worse. Activities of daily living to include sitting, standing, and walking remain problematic, the treating provider reported. The applicant only walked two blocks secondary to pain. The applicant was refraining from performing household chores, performing recreational activities, and/or going to work owing to his ongoing his pain complaints. Tramadol and Naprosyn were nevertheless renewed. On August 17, 2015, the applicant reported no improvement since the preceding visit. The attending provider again noted that the applicant's average pain score was 9/10, the applicant only walked up to two blocks before having to stop secondary to pain, was avoiding working, was avoiding exercising, and was avoiding performing household chores for participating in recreational activities secondary to his pain complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL cap 150mg ER #30 for 30 days: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** No, the request for 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 was avoiding working secondary to his pain complaints, the treating provider reported on August 17, 2015. Average pain scores of 9/10 were reported on that date. The applicant was refraining from exercising, performing household chores, performing recreational activities doing yard work secondary to his pain complaints, the treating provider acknowledged. Not all of the foregoing, taken together, made a compelling case for continuation of opioid therapy with tramadol. Therefore, the request is not medically necessary.