

<b>Case Number:</b>	CM15-0209558		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	07/30/2010
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2015

### 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, California

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 59 year old male patient, who sustained an industrial injury on July 30, 2010. The diagnoses include an internal derangement of the right knee, osteoarthritis of the right lower leg and left shoulder bursitis. Per the doctor's note dated 8/14/15, he had significant knee pain. Per the doctor's note dated 6/15/15, he had complaints of left shoulder pain and knee pain. He rated his shoulder pain 9 out of 10 without medications, and 7 out of 10 with medications and his knee pain 6 out of 10 without medications, and 3 out of 10 with medications on a pain scale from 0 to 10. The physical examination revealed right knee crepitus, left knee: positive McMurray test; left shoulder: reduced range of motion and positive Hawkins test. The medications list includes tramadol, diclofenac, trazadone, atorvastatin, metoprolol, lisinopril and aspirin. Treatment included muscle relaxants, pain medications, sleep aides, Synvisc injections to the right knee, and limited activities. The treatment plan that was requested for authorization included a prescription for Tramadol extended release Ultram 150mg #30. On September 28, 2015, a request for Tramadol ER Ultram was denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol Extended Release Ultram 150mg once a day quantity 30: Overturned**

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

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

**Decision rationale:** Tramadol Extended Release Ultram 150mg once a day quantity 30  
Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003) Cited guidelines also state that, A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain. Tramadol use is recommended for treatment of episodic exacerbations of severe pain. According to the records provided the patient had chronic left shoulder and knee pain. The patient had objective findings on the physical examination- right knee crepitus, left knee- positive Mc Murray test; left shoulder- reduced range of motion and positive Hawkin's test. There was evidence of conditions that can cause chronic pain with episodic exacerbations. The request for Tramadol Extended Release Ultram 150mg once a day quantity 30 is medically appropriate and necessary for this patient.