

<b>Case Number:</b>	CM15-0037504		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	12/12/2009
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: California  
 Certification(s)/Specialty: Internal 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 37-year-old male, who sustained an industrial injury on 12/12/09. On 2/27/15, the injured worker submitted an application for IMR for review. The treating provider has reported the injured worker office visit was for multiple areas of pain and medication refills. The pain is describes as aching in head, shoulders, low back, right hip, right knee and right ankle. The diagnoses have included headache, rotator cuff sprain, medial malleolar fracture, rib fracture, peroneal nerve injury, insomnia, depression, coccygeal pain, shoulder sprain. Treatment to date has included status post arthroscopic knee surgery; physical therapy, TENS unit while in physical therapy, x-rays right ankle (11/24/14). A Utilization Review was completed on 2/5/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Pages 93-94, 113, 123.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address Ultram (Tramadol). Ultram is indicated for the management of moderate to moderately severe pain. The primary treating physician's progress report dated 1/28/15 documented the diagnoses of chronic pain syndrome, right ankle pain, status post ankle fracture, low back pain, lumbar discogenic pain, lumbar radiculitis, bilateral shoulder pain, history of rib fractures, and headaches. Medications included Tramadol, Motrin, and Flexeril. Past treatments have included medications, injections, and physical therapy. Analgesia was documented. The patient reported benefit with Tramadol. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. Per MTUS, Ultram (Tramadol) is indicated for the management of moderate to moderately severe pain. MTUS guidelines support the prescription of Ultram (Tramadol). Therefore, the request for Tramadol is medically necessary.