

<b>Case Number:</b>	CM15-0037806		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	01/13/2011
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	01/28/2015
<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: Physical Medicine & Rehabilitation

### 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 male, who sustained an industrial injury on 1/13/2011. The mechanism of injury was not noted. A motorcycle accident was documented in 6/2013. The diagnoses have included depressive disorder, not otherwise specified. Treatment to date has included conservative measures. Currently, the injured worker reports reduced anxiety, irritability, and depression. His interaction was polite and cooperative. Current medications included Celexa, Ativan, Ambien, and Fioricet. Ultram was listed as a current medication in the previous progress note, dated 9/2014. Pain was not documented. Diagnostic testing was not noted. On 1/28/2015, Utilization Review modified a request for Tramadol HCL tab 50mg #60 to Tramadol HCL tab 50mg #54, for progressive weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL tab 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60-61.

**Decision rationale:** The 1/28/15 Utilization Review letter states the Tramadol HCl, 50mg, #60 requested on the 1/09/15 medical report was denied because there is no documentation of functional improvement, or pain agreement, psychological evaluation for opioid misuse, or urine drug screens for compliance. Unfortunately, the 1/09/15 medical report was not provided for this review. Three medical reports 8/5/14, 9/12/14, and 12/5/14 are available for this IMR. The 8/5/14 orthopedic report reviews records and disputes an impairment rating and future medical care. The orthopedist states that the patient was involved in a motorcycle versus pickup truck MVA on 6/8/13 and sustained multiple fractures, but prior to the MVA, he complained of low back and right knee pain from the industrial injury from 1/13/11. The patient has not worked since 1/13/11. The 8/5/13 report did not discuss efficacy or use of tramadol. The 9/12/14 psychiatric report states the patient is using Ultram 50mg (tramadol), bid, prn headaches, but there is no discussion on headaches, or efficacy with Ultram. The 12/5/14 psychiatric report does not mention use of Ultram (tramadol). MTUS Chronic Pain Medical Treatment Guidelines, Medications for chronic pain, page 60-61 states: Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. A record of pain and function with the medication should be recorded. The available medical reports did not discuss any pain relief or improvement of function with use of tramadol. There was no mention of side effects or measures utilized to monitor patient compliance. The medical records did not provide support for use of tramadol in accordance with MTUS guidelines. The request for Tramadol HCl, 50mg, #60 is not medically necessary.