

<b>Case Number:</b>	CM15-0060006		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	08/03/2009
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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 67-year-old [REDACTED] beneficiary who has filed a claim for chronic low back, knee, and ankle pain reportedly associated with an industrial injury of August 3, 2009. In a Utilization Review report dated February 26, 2015, the claims administrator failed to approve a request for tramadol. The claims administrator framed the request as a renewal request. The claims administrator referenced a November 4, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On February 9, 2015, the applicant reported ongoing complaints of low back pain, 9/10 on average, at best 4/10 with medications versus 10/10 without medications. The applicant was not working and was receiving both Workers' Compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits. Multifocal complaints of knee and low back pain were noted. The applicant had issues with severe knee arthritis. The attending provider stated that the applicant reported 50% improvement with ongoing medication consumption. The attending provider stated that the applicant's ability to perform activities of daily living was ameliorated as a result of ongoing medication consumption but did not elaborate further. The applicant was given refills of Tylenol, tramadol, Zanaflex, and Celebrex. The attending provider seemingly suggested that tramadol be employed to combat severe pain not alleviated by Tylenol. On December 17, 2014, the attending provider again reiterated that the applicant was not working and was receiving Social Security Disability Insurance (SSDI) benefits. Tylenol, Celebrex, and Zanaflex were renewed. Highly variable pain complaints ranging from 4-7/10 were reported. On November 4, 2014, Tylenol, Celebrex, and Zanaflex were renewed. The

remainder of the file was surveyed. It did appear that tramadol had been introduced for the first time on or around February 9, 2015.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Tramadol 50mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

**Decision rationale:** Yes, the request for tramadol, a synthetic opioid, was medically necessary, medically appropriate, and indicated here. While page 113 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tramadol, a synthetic opioid, is not recommended as a first-line oral analgesic, in this case, however, the attending provider seemingly introduced and/or reintroduced tramadol on or around February 9, 2015. The attending provider suggested that the applicant had effected only incomplete analgesia with multiple other analgesics, including Tylenol, Celebrex, Zanaflex, etc. Introducing tramadol, thus, was indicated on or around the date in question, February 9, 2015. Therefore, the request was medically necessary.