

<b>Case Number:</b>	CM15-0080497		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	06/26/2010
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: North Carolina  
 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:

The injured worker is a 49-year-old male, who sustained an industrial injury on 6/26/2010. The injured worker was diagnosed as having lumbar disc displacement, osteoarthritis; unspecified whether generalized or localized, shoulder region, and other affections of shoulder region, not elsewhere classified. Comorbid diagnoses included diabetes, chronic neuropathic pain, and anxiety. Treatment to date has included diagnostics, chiropractic, lumbar surgery 1/2014, right shoulder surgery 6/2014, and medications. Urine drug screen (3/16/2015) was inconsistent with prescribed medications. Currently, the injured worker complains of lumbar spine pain, rated 7/10, with radiation to both lower extremities, left greater than right. He remained off work and current medication use was not noted. The treatment plan included Tramadol and follow-up with pain management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 76-84.

**Decision rationale:** The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant decrease in objective pain measures such as VAS scores for significant periods of time. There are no objective measures of improvement of function. Therefore, criteria for the ongoing use of opioids have not been met and the request is not medically necessary.