

<b>Case Number:</b>	CM15-0081278		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	05/21/2012
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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, Florida, 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 injured worker is a 28-year-old male who sustained an industrial injury on May 21, 2012. He has reported pain to the right wrist, testicles, and low back and has been diagnosed with internal derangement, right wrist, with chronic subluxation of the distal radioulnar joint with pain in the right wrist, internal derangement of the right wrist with tendinopathy extensor carpi ulnaris tendon, testicular injury with persistent pain and denial of needed surgery, and chronic strain/sprain of thoracolumbosacral spine and associated musculoligamentous structures with intermittent symptomology, consider lumbar disc intraspinal injury. Treatment has included medications. Currently the injured worker had a noted need for testicular surgery. The treatment request included tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, weaning of medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines: Pain interventions and treatments 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009)  
Page(s): 12, 13, 83 and 113 of 127.

**Decision rationale:** Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long-term studies to allow it to be recommended for use past six months. A long-term use of is therefore not supported. The request is not medically necessary.