

<b>Case Number:</b>	CM14-0115312		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	07/19/2010
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 65-year-old male who reported a work related injury on 07/19/2010. The mechanism of injury was not provided for review. The injured worker's diagnoses include multilevel lumbar discopathy with radiculitis with anterolisthesis at L3-4, and bilateral plantar fasciitis, bilateral shoulder impingement, and status post bilateral knee arthroscopic surgery with degenerative joint disease. The injured worker's past treatment has included surgical intervention and medication. The injured worker's surgical history includes bilateral knee arthroscopic surgery with an unspecified date. The injured worker's medications were not provided for review. Upon examination of 05/30/2014, the injured worker complained of constant lumbar spine, left ankle and foot, and shoulder pain. Physical examination revealed tenderness over the shoulder, subacromial and acromioclavicular, lumbar spine, and left ankle and foot. It was also noted that the injured worker had decreased range of motion, a positive straight leg raise, and impingement and drop arm tests were also positive. The rationale for the request is fascicular pain. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER OD 150mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period of time since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Side effects and response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Within the documentation provided for review, the response to tramadol was not provided. As such, the documentation does not provide evidence of significant pain relief and functional improvement as a result of continued opioid use. Additionally, the request as submitted did not specify a frequency. Without documentation stating the efficacy of tramadol, the medical necessity of continued use is not established. To accurately determine whether tramadol is medically necessary, clinical examination with pain relief, functional status, appropriate medication use, and side effects have to be provided for review. Therefore, the request for tramadol is not medically necessary.