

<b>Case Number:</b>	CM14-0131749		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	01/21/2009
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 30-year-old male, who reported an injury 01/29/2009. The mechanism of injury was not provided within the medical records. The clinical note, dated 07/26/2014, indicates diagnoses of status post traumatic fall, left ankle fracture, and pain extremity of upper and/or lower extremity. The injured worker reported that his pain was well controlled with tramadol. The injured worker reported prolonged walking and climbing ladders made his pain worse. The injured worker denied new symptom changes since last visit. The injured worker reported a pain level of 4/10. On physical examination, he had a surgical scar in his left medial ankle. The injured worker's treatment plan included refill tramadol and methadone, home exercise program, and continue work full time. The injured worker's prior treatments included diagnostic imaging, surgery, home exercise program, and medication management. The injured worker's medication regimen included tramadol. The provider submitted a request for tramadol. A Request for Authorization was not submitted for review, to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Tramadol 37.5/325mg #120 between 7/26/2014 and 7/26/2014: Upheld**

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

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

**Decision rationale:** The request for Tramadol 37.5/325mg #120 between 7/26/2014 and 7/26/2014 is not medically necessary. The California MTUS guidelines state tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Retrospective tramadol for date of service 07/26/2014 and 07/26/2014. Although the injured worker reported his pain was controlled with tramadol, there is still lack of functional improvement with the use of tramadol. In addition, there is lack of significant evidence of an evaluation of risk for aberrant drug use behaviors and side effects. Furthermore, it is not indicated how long the injured worker had been utilizing the tramadol. Moreover, the request does not indicate a frequency for the tramadol. Therefore, the request for tramadol is not medically necessary.