

<b>Case Number:</b>	CM14-0135182		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	07/09/2012
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 Management and is licensed to practice in Tennessee. 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 patient is a 46-year-old male who has submitted a claim for lumbar sprain/strain, pain in lower leg joint, left knee total knee arthroplasty (TKA), right knee arthroscopy, and pain in the right shoulder associated with an industrial injury date of 07/19/2012. Medical records from 04/29/2014 to 08/18/2014 were reviewed and showed that patient complained of low back pain graded 7/10 radiating down bilateral lower legs. Physical examination revealed spasm and guarding along lumbar spine, decreased lumbar range of motion (ROM), decreased sensation along left L5 and S1 dermatomal distribution. MRI of the lumbar spine dated 07/18/2014 revealed mild L4-5 spinal stenosis and mild broad-based L5-S1 central disc protrusion. EMG/NCV of bilateral lower extremities dated 06/06/2014 revealed left greater than right peroneal neuropathy. Treatment to date has included physical therapy, Tramadol HCl ER 150mg #30 (prescribed since 06/05/2014), and other pain medications. Of note, there was no documentation of functional outcome with intake of medications. Utilization review dated 08/01/2014 denied the request for Tramadol HCl ER 150mg because the patient felt inadequate relief with use of Tramadol ER.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL ER 150mg capsules #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

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

**Decision rationale:** According to page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. There was no documentation of pain relief, functional improvement, and recent urine toxicology review, which are required to support continued use of opiates. In this case, the patient was prescribed Tramadol HCl ER 150mg #30 since 06/05/2014. However, there was no documentation of functional improvement or pain relief with Tramadol to support continuation of opiates use. Therefore, the request for Tramadol HCL ER 150mg capsules #30 is not medically necessary.