

<b>Case Number:</b>	CM14-0149329		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	09/09/2013
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Texas & 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 patient was injured on 9/9/2013. The diagnoses are right shoulder, bilateral ankles and left index finger pain. On 8/11/2014, [REDACTED] noted subjective complaint of swollen tender right ankle. There were objective findings of decreased range of motion of the ankle. The patient reported that he was able to sleep better and perform regular work duty with the pain relief from the prescribed medications. On 8/22/2014, [REDACTED] noted that the patient had a possible right tarsal tunnel syndrome. The medications are naproxen and tramadol for pain and Prilosec for the prevention and treatment of NSAIDs induced gastritis. A Utilization Review determination was rendered on 8/13/2014 recommending non certification for tramadol 50mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg QTY: 90.00:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 113, 119.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The records indicate that the patient have utilized PT and NSAIDs. There are documentations of compliance and functional restoration with the utilization of tramadol. The patient is on regular full time work duty. There are no reported adverse medication effects or aberrant behaviors. The criteria for the use of Tramadol 50mg #90 were met.