

<b>Case Number:</b>	CM14-0159062		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	03/12/2012
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Neurology, 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:

8/26/14 note indicates pain in the low back, left shoulder and knee. Pain is rated 7-8/10. There is aching, burning, and stabbing pain. There was pain on range of motion with tenderness in the muscles to palpation. There is decreased pin sensation in the foot dorsum and posterolateral calf on the left. The insured was recommended for NSAID, acupuncture, trigger point injections, cyclobenzaprine and tramadol. 7/22/14 note indicates pain in the back and that NSAIDS were recommended for treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Opioids for chronic pain; Opioids, specific drug list; We.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 75-79.

**Decision rationale:** The medical records provided for review indicate pain in the back with reported previous use of NSAID to treat the pain. However, the medical records do not indicate specific pain assessment using validated instruments to review functional ability or include opioid risk mitigation tools. MTUS supports the use of opioids as secondary line of treatment of

pain that has failed other therapy and for whom opioid risk assessment and functional evaluation for determining response to treatment has been established. As such the medical records provided for review does not support treatment of Ultram at this time.