

<b>Case Number:</b>	CM15-0008851		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	10/06/2014
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Family Practice

### 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 28 year old female, who sustained an industrial injury on October 6, 2014, falling backwards. She has reported right low back and right knee pain. The diagnoses have included back pain, lumbar, and right knee pain. Treatment to date has included physical therapy, bracing, crutches, and medications. Currently, the injured worker complains of right inner thigh pain, groin pain and intermittent numbness and cramping radiating to right groin. The Physician's note dated December 29, 2014, noted the injured worker with abnormal posture, pelvic tilt, guarding at rest, soft tissue tenderness along the right paraspinal muscles with palpable spasm, tenderness along the right gluteus tenderness along the right hip, and positive straight leg raise on the right. The Physician noted decreased lumbar spine range of motion in all planes secondary to pain. The right ankle/foot was noted to have lateral mild soft tissue tenderness to palpation, unable to bear weight, with limited range of motion due to pain. On January 7, 2015, Utilization Review non-certified a retrospective request for Tramadol 50mg #30 for the date of service December 29, 2014, noting that despite use of the medication the provided records failed to demonstrate any substantial improvement that could be attributed to its use. The UR Physician noted the documentation did not indicate specific functional improvements resulting from the use of Tramadol, and without adequate benefit to warrant on-going use of opioids, discontinuation was appropriate, citing the MTUS Chronic Pain Medical Treatment Guidelines. On January 15, 2015, the injured worker submitted an application for IMR for review of a retrospective request for Tramadol 50mg #30 for the date of service December 29, 2014.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Tramadol 50mg #30 retrospective: 12/29/2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 76-82.

**Decision rationale:** According to guidelines it states opioids should only be continued if there is functional improvement. It also states chronic use of opioids can lead to dependence and addiction. According to the patient's medical records it does not state the patient has functional improvement with tramadol usage and thus is not medically necessary.