

<b>Case Number:</b>	CM15-0012587		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	01/18/2008
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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: Arizona, 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 62 year old male who sustained an industrial injury reported on 1/18/2008. He has reported minimal pain using minimal amounts of his current, prescribed, medications at his yearly follow-up visit. The diagnoses have included lumbosacral disc degeneration; chronic pain syndrome; right shoulder strain with pain flare-ups; and right hip, right knee and lumbosacral pain. Treatments to date have included consultations; diagnostic imaging studies; diagnostic laboratories, toxicology studies (7/16/13), and heavy metal panel; hip replacement (2008), right shoulder surgery (2009), and knee surgeries (2010 & 2011); 8 physical therapy sessions and home exercise program; night hand splints; and medication management. The work status classification for this injured worker (IW) was not noted. The claimant had been on Tramadol for several months. A progress note on 11/18/14 indicated the claimant had been on Percocet which provided adequate pain relief. At the time, there was no mention of Tramadol use. On 1/15/15, the claimant was noted to be on Tramadol and Cymbalta for pain. The claimant's pain was 8/10. The claimant has been taking them intermittently. On 12/22/2014, Utilization Review (UR) modified, for medical necessity, the request, made on 12//2014, for Tramadol 50mg #60 - to #30 to allow for weaning due to non-compliance of the recommendations set forth by the Medical Treatment Utilization Schedule, chronic pain medical treatment for criteria for use of opioids/Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg, #60:** 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): 82-92.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant had been on Tramadol, then Percocet and back on Tramadol within a few months. There was no indication of implementation of a weaning program, the claimant had better pain control on Percocet. The continued use of Tramadol as above is not medically necessary.