

<b>Case Number:</b>	CM15-0018182		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	02/02/2012
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency Medicine

### 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 50 year old female who sustained an industrial injury on February 2, 2012. She has reported moderate left shoulder and knee pain as well as headaches and left eye pain and has been diagnosed with stiff shoulder syndrome bilaterally, inflammatory process of the left shoulder, inflammatory process of the left wrist, myoligamentous strain of the lumbar spine, inflammatory process of the left knee, inflammatory process of the left ankle, and cephalgia. Treatment has included medications and a H-wave unit. Currently the injured worker complains of moderate left shoulder and knee pain as well as headaches and left eye pain. The treatment plan included pain medications. On January 9, 2015 Utilization review modified tramadol 50 mg # 60 citing the MTUS guidelines.

### 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 Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** Guidelines require ongoing monitoring of chronic pain patients on opioids including the degree of analgesia, increase in functionality, adverse side effects, and abusive behavior. Based on the clinical information provided, there is no documentation that the patient's treatment was monitored according to guidelines. There was no documentation that the patient's activities of daily living improved with the current treatment regimen. Chronic opioid therapy that is not associated with any functional improvement is not recommended. In addition, the previous supply of Tramadol was prescribed as part of a weaning protocol. Thus the request for Tramadol 50 mg #60 is not medically appropriate and necessary.