

<b>Case Number:</b>	CM15-0119326		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	11/13/2013
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented State Compensation Insurance Fund (SCIF) beneficiary who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of November 13, 2013. In a Utilization Review report dated June 12, 2015, the claims administrator failed to approve a request for Ultram (tramadol). The claims administrator referenced a June 5, 2015 RFA form and associated progress note of the same date in its determination. The applicant's attorney subsequently appealed. On a June 5, 2015 RFA form, tramadol, Ambien, and Effexor were endorsed. In an associated progress note of June 5, 2015, the applicant reported 3/10 pain complaints with medications versus 6/10 pain without medications. The applicant was on Ultram, Ambien, Effexor, and Motrin, it was reported. The applicant was overweight, with a BMI of 31. A pain-coping skills class, physical therapy, and a knee arthroscopy were sought while tramadol, Effexor, and Ambien were renewed. The applicant was placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription for Ultram 50mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7)  
When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for Ultram (tramadol), a synthetic opioid, is not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, as of the date in question, June 5, 2015. While the attending provider did recount a reduction in pain scores from 6/10 without medications to 3/10 with medications, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful, material, or substantive improvements in function (if any) effected as a result of ongoing tramadol usage. Therefore, the request is not medically necessary.