

<b>Case Number:</b>	CM15-0121374		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	10/23/2012
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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

Certification(s)/Specialty: Pediatrics, Internal 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 42-year-old, male who sustained a work related injury on 10/23/12. The diagnoses have included chronic cervical strain/sprain, lumbar spondylosis with annular disc tears and facet arthropathy, left knee meniscal injury and chronic pain syndrome. Treatments have included medications, physical therapy and home exercises. In the Supplemental Report dated 5/12/15, the injured worker complains of low back pain and left knee pain. The back pain radiates to both legs. His lumbar spine is tender to palpation. His left knee is tender to palpation. He has crepitus upon palpation of left knee. He has a positive McMurray sign on the left. He has a positive right straight leg raise. He is not working. The treatment plan includes refills of medications, awaiting a response to a request for a lumbar epidural steroid injection and a follow-up with orthopedic surgeon.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, When to Discontinue Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** Per CA MTUS guidelines, "Tramadol (Ultram; Ultram ER; generic available in immediate release tablet): Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is not classified as a controlled substance by the DEA." "Tramadol is indicated for moderate to severe pain." Opioids are not recommended for long-term use. He is not working. There is insufficient documentation of functional capabilities. "There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care." CA MTUS Guideline indicates "Functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment. He has been taking this medication a minimum of 6 months. There is insufficient documentation about how this medication is working to relieve his pain. Because of the insufficient documentation on functional capabilities and the medication's effectiveness to ease his pain, the requested treatment of Tramadol is not medically necessary.