

<b>Case Number:</b>	CM15-0171157		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	03/11/2014
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 61 year old female sustained an industrial injury on 3-11-14. Diagnoses include lumbar spondylosis with myelopathy. Treatments to date include MRI testing, modified work duty and prescription medications. A lumbar MRI performed June 2015 revealed abnormalities. The injured worker has continued complaints of back and right knee pain. The pain has affected the injured worker's activity level. Upon examination, there was tenderness and diminished ranges of motion over the cervical and lumbar spine and bilateral shoulders. Impingement sign was positive bilaterally. A request for Tramadol 50mg 1 tab PO 2x day 120 tabs (360) 3 refills was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg 1 tab PO 2x day 120 tabs (360) 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain.

**Decision rationale:** The current request is for Tramadol 50mg 1 tab PO 2x day 120 tabs (360) 3 refills. The RFA is dated 08/18/15. Treatments to date include right shoulder surgery 2012, left knee surgery 1981, MRI testing, physical therapy, ESI, and modified work duty and prescription medications. The patient is working modified duty. MTUS, Medications for Chronic Pain Section, pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference". MTUS, page 113 regarding Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Per report 08/11/15, the patient presents with continued low back, bilateral shoulder and right knee pain. The pain has affected the patient's activity level. Upon examination, there was tenderness and diminished range of motion over the cervical and lumbar spine and bilateral shoulders. Impingement sign was positive bilaterally. The treater recommended Tramadol. Prior report dated 08/06/15 states that the patient's current medications include ibuprofen, Norco and a muscle relaxant. Report 05/20/15 notes that the patient is not taking medications. This appears to be an initial request for Tramadol. In this case, recommendation for initiating a new opioid cannot be supported as there is no functional and baseline pain assessment. MTUS states that "functional assessments should be made. Function should include social, physical, psychological, daily and work activities". Given the lack of documentation as required by guidelines, the request is not medically necessary.