

<b>Case Number:</b>	CM15-0178284		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	04/15/2005
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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 65 year old male who sustained an industrial injury on 4-15-05. Diagnoses are noted as status post right knee surgery x2 with no complaints, status post left knee surgery x1 with no complaints, status post bilateral feet surgery with no complaints, and chronic low back pain. Previous treatment includes medication, TENS (transcutaneous electrical nerve stimulation), surgery, and home exercise. In a progress report dated 8-25-15, the physician notes the injured worker uses Tramadol as needed and uses Voltaren Gel. He does a home exercise program. It is noted, symptoms are stable in the back. It continues to bother him, usually worse in the morning and gets better as he exercises but then increases if he does too much. Objective exam reveals the dorsolumbar spine flexion is 80 degrees, extension is 10 degrees, right and left bending is 20 degrees with a negative straight leg raise. There is tenderness in the paraspinal muscle. Both knees show healed portals from surgical intervention with no swelling. Motor strength is 5 out of 5 in the lower extremities. The treatment plan is Tramadol 50mg twice a day as needed for moderate pain #60 with 1 refill, Voltaren Gel, and continue a home exercise program. A request for authorization is dated 8-27-15. The requested treatment of Tramadol 50mg #60 with 1 refill was non-certified on 9-1-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #60 with 1 refill Qty 120: 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): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

**Decision rationale:** 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. Although it may be a good choice in those with back pain, the claimant's pain scores were not noted to determine response. Failure of Tylenol NSAIDS or Tricyclics are not noted. The claimant had been on Tramadol for several months. The continued and chronic use of Tramadol is not medically necessary.