

<b>Case Number:</b>	CM15-0179500		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	10/21/2014
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: 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 injured worker is a 28 year old male, who sustained an industrial-work injury on 10-21-14. He reported initial complaints of back, knee, and ankle pain. The injured worker was diagnosed with chronic lumbago, right lateral meniscal tear, history of right foot fracture-healed, right foot peroneal tendonitis, right foot posterior tibial tendonitis versus tarsal tunnel syndrome, arthrofibrosis of the right ankle. Treatment to date has included medication, physical therapy (6 sessions) for right hip and knee and (12 sessions) to right foot and thoracic spine, and diagnostics. MRI results were reported on 2-4-15 of the right knee that reported fraying of the superior articular surface of the body of the medial meniscus and low grade chondromalacia. MRI (magnetic resonance imaging) of the thoracic spine reported a 1.6 cm left adrenal gland nodule. X-rays were reported on 2-4-14 of orbital regions that was negative for metal fragments prior to MRI. Currently, the injured worker complains of ongoing back pain rated 2 out of 10 with medication and 7 out of 10 without medication and radiating into the right buttock that got worse with sitting. There was increased right knee pain rated 4 out of 10 with medication and 7-9 out of 10 without medication with standing and right ankle and right heel pain rated 4 out of 10 with medication and 7-9 out of 10 without. Current meds include Anaprox and Ultram. Per the primary physician's progress report (PR-2) on 8-10-15, lumbar exam noted normal gait, no weakness with walking on toes or heels, normal lordosis, palpable tenderness over right paraspinal L4-5 region and right sacroiliac joint, sensation is intact, and 4 out of 5 motor strength of the extensor hallucis longus, positive straight leg raise on right at 80 degrees. Exam of the knees have mild effusion, palpable tenderness over the lateral joint line. The ankle exam notes tenderness over the right calcaneus and medial calcaneal tubercle with positive Tinel's

over the right posterior tibial tendons. The Request for Authorization date was 8-4-15 and requested service to include Ultram 50mg 1 tab BID#60. The Utilization Review on 8-12-15 modified the request for Ultram 50mg 1 tab BID#45, to allow for weaning or allow for more clinical information supporting continued use, per the CA MTUS (California Medical Treatment Utilization Schedule) Chronic Pain Medical Treatment Guidelines 2009.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ultram 50mg 1 tab BID#60:** 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, Weaning of Medications.

**Decision rationale:** Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, there is no objective evidence of functional improvement with the prior use of this medication. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Ultram 50mg 1 tab BID#60 is determined to not be medically necessary.