

<b>Case Number:</b>	CM15-0071448		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	02/09/2007
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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 57-year-old who has filed a claim for chronic knee, shoulder, and low back pain reportedly associated with an industrial injury of February 9, 2007. In a Utilization Review report dated March 12, 2015 the claims administrator failed to approve a request for Ultram (tramadol). The claims administrator referenced a RFA form dated March 4, 2015 and progress note of March 10, 2015 in its determination. The applicant's attorney subsequently appealed. On August 18, 2014, the applicant reported ongoing complaints of low back and left knee. Prilosec and tramadol were endorsed. The note was very difficult to follow and comprises, in large part, of quoted guidelines with little to no applicant-specific information. Permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitations, although this did not appear to be the case. In a progress note dated March 2, 2015, the applicant reported ongoing complaints of low back, shoulder, and knee pain. Tramadol was endorsed. The attending provider stated that the applicant experienced a significant pain interfering with his ability to conduct daily home activities. The attending provider suggested that the applicant receive five refills of tramadol so as to avoid frequent utilization review requests. The attending provider stated, toward the top of the report, that the applicant's knee and low back pain were interfering with his ability to perform home exercises.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram ER 150mg #60 with 5 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**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, was 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 did not appear to be working following imposition of permanent work restrictions. The attending provider failed to outline any quantifiable decrements in pain or meaningful commentary improvement in function affected as a result of ongoing tramadol usage (if any). The attending provider's commentary on March 2, 2015, furthermore, suggested that the applicant was in fact having difficulty performing home exercises, despite ongoing usage of Ultram. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.