

<b>Case Number:</b>	CM15-0072037		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	09/22/2009
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	03/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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: 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 63 year old male, who sustained an industrial injury on 09/22/2009. He has reported subsequent knee, ankle and back pain and was diagnosed with derangement of meniscus, derangement of the ankle and lumbosacral sprain. Treatment to date has included oral pain medication, physical therapy and a home exercise program. In a progress note dated 03/05/2015, the injured worker complained of low back and knee pain. Objective findings were notable for moderate tenderness of the right knee joint with crepitation on range of motion, tenderness of the lateral aspect and calcaneal area of the right ankle and moderate tenderness of the low back. A request for authorization of Tramadol was made. Tramadol 50 mg is noted to be prescribed t.i.d.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg with 3 refills:** Overturned

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

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

**Decision rationale:** According to the MTUS guidelines, Tramadol is a synthetic opioid and is an emerging fourth class of opiate analgesic that may be used to treat chronic pain. The MTUS guidelines state that small class of synthetic opioids exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. The maximum dosing of Tramadol is 400 mg/day. The injured worker is followed for chronic pain, and the request for Tramadol to address pain levels not addressed with non-steroidal anti-inflammatory medications is supported. Tramadol 50 mg is noted to be prescribed t.i.d. The request for Tramadol 50 mg with 3 refills is medically necessary and appropriate.