

<b>Case Number:</b>	CM15-0074346		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	01/17/2003
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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, Pain Management

### 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 54-year-old female, with a reported date of injury of 01/17/2003. The diagnoses include left shoulder impingement syndrome, left knee internal derangement, lumbar discopathy with disc displacement, and lumbar radiculopathy. Treatments to date have included an MRI of the left knee, oral medications, and topical pain medication. The progress report dated 03/11/2015 indicates that the injured worker complained of left shoulder pain, left knee pain with swelling, and low back pain with radiation down in both legs with numbness and tingling. An examination of the left shoulder showed tenderness to palpation in the left acromioclavicular joint and decreased range of motion due to pain and stiffness. An examination of the low back showed tenderness to palpation in the lumbar paraspinal muscles with decreased range of motion due to pain and stiffness, and positive bilateral supine straight leg raise test. An examination of the left knee showed tenderness to palpation in the posteromedial and posterolateral ligament line. The injured worker will return to the office in four to six weeks. The pain rating and functionality was not documented. On 02/07/015, the injured worker continued to complain of the same pain/symptoms as she did at the visit on 03/11/2015. No pain ratings of functionality were documented. The treating physician requested Ultram extended-release 150mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Ultram ER 150mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid medication Page(s): 75-80.

**Decision rationale:** Regarding the request for Ultram (tramadol), Chronic Pain Medical Treatment Guidelines state that Ultram is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultram (tramadol) is not medically necessary.