

<b>Case Number:</b>	CM15-0098404		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	03/14/2011
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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 56 year old male, who sustained an industrial injury on 3/14/2011. The mechanism of injury is unknown. The injured worker was diagnosed as having right shoulder surgery, bilateral knee surgery, lumbar spine decompression, lumbar degenerative disc disease, right lower extremity neuropathy, cervical strain and plantar fasciitis. There is no record of a recent diagnostic study. Treatment to date has included surgery, therapy and medication management. In a progress note dated 4/17/2015, the injured worker complains of unchanged moderate to severe knee and back pain and right shoulder improvement. The treating physician is requesting Tramadol 100 mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 100mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Tramadol, Central acting analgesics.

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

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. 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. In this case, the claimant had been on Tramadol for several years in combination with NSAIDs. Long-term use has not been studied. VAS scores were not recently noted. There was no mention of Tylenol or Tricyclic use. Continued use is not medically necessary.