

<b>Case Number:</b>	CM14-0156547		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	03/16/1995
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 66-year-old female who reported an injury on 03/16/1995. The mechanism of injury was she tripped on a pipe and fell. The injured worker had surgical intervention for her knee, shoulder and low back surgery. Other therapies included physical therapy, spinal cord stimulator implant, AFO boot and an epidural steroid injection. The diagnostic studies included an MRI, and an EMG/NCV. The injured worker underwent a rotator cuff repair on 02/06/2011. The injured worker was utilizing tramadol 50 mg 1 tablet daily, Naprosyn 500 mg 1 tablet twice a day, and Prilosec 20 mg 1 tablet per day as of 03/2014. The documentation of 08/18/2014 revealed the injured worker had knee pain that had greatly increased and the injured worker was having difficulty getting out of bed due to pain. The injured worker was requesting bilateral MRIs of her knees as she had not had them done in years. The objective findings revealed the left foot was showing improvement. Hematoma had resolved. There was swelling throughout the ankle along with tenderness. Movement in all directions caused pain. The injured worker had an AFO boot on the right ankle and it remained painful with movement. The bilateral knees showed moderate swelling and crepitus throughout range of motion. The diagnostic impressions included post laminectomy pain syndrome, foot drop with acquired flail ankle with equinus deformity, status post L4-5 laminectomy 1997, status post re-exploration foraminotomy 1997, failed spinal cord stimulator implant, status post rotator cuff repair in 2011, compensatory right shoulder impingement, bilateral knee internal derangement, status post arthroscopy 2007 with meniscectomy with degenerative disease, new industrial left ankle injury, roll out ligament injury. The treatment plan included Tramadol 50 mg 1 tablet daily as needed. There was no rationale for the medication. There was a detailed Request for Authorization submitted dated 09/03/2014.

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

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

**TRAMADOL HCL 50 MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, page 60, ongoing management Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker's is monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to meet the above criteria. The duration of use was since at least early 2014. The request as submitted failed to indicate the frequency and quantity of medication being requested. Given the above, the request for Tramadol HCl 50 mg is not medically necessary.