

<b>Case Number:</b>	CM13-0047097		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/31/2012
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claim for cumulative trauma to the neck, right upper extremity, bilateral knees, and upper back first claimed on October 31, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; prior knee surgery on October 3, 2013; transfer of care to and from various providers in various specialties; attorney representation; unspecified amounts of postoperative physical therapy; and work restrictions. It does not appear that the applicant has returned to work with said limitations in place. In a utilization review report of October 8, 2013, the claims administrator seemingly denied a request for tramadol extended release and gabapentin. The applicant's attorney subsequently appealed. An earlier progress note of August 21, 2013 is notable for comments that the applicant reports persists bilateral knee pain. Ultracet and Topamax are described as not having been very helpful. These medications are therefore discontinued. The applicant is given prescriptions for gabapentin for neuropathic pain and tramadol extended release. The applicant is described as not permanent and stationary. Subsequent physical therapy progress notes interspersed throughout September 2013 states that the applicant is off of work as of that point. The applicant underwent a partial meniscectomy on October 3, 2013. A September 18, 2013 progress note is notable for comments that the applicant reports burning pain about the right upper extremity. The applicant now states that the medications she is using, including tramadol extended release and Neurontin, are generating some analgesia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL Er 150mg Cap #30ms: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): . 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94.

**Decision rationale:** The Physician Reviewer's decision rationale: As noted on page 94 of the MTUS Chronic Pain Medical Treatment Guidelines, tramadol is indicated in the treatment of moderate-to-severe pain. In this case, moreover, the tramadol was seemingly provided for postoperative or perioperative analgesia purposes. The date of the utilization review report was September 27, 2013. The applicant later underwent a knee partial meniscectomy on October 3, 2013. Tramadol was an appropriate option in the treatment of the applicant's perioperative pain. This was a relatively recent introduction; it was further noted, seemingly introduced on October 21, 2013. While it was likely too soon to determine whether or not there was a functional improvement as of the date of the utilization review request, on balance, it does appear that the applicant did demonstrate two criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of tramadol. Specifically, the applicant did report improved function and reduced pain through prior usage of the tramadol, although it did not appear that she returned to work as of the date of the utilization review report. For all of these reasons, then, the request for tramadol is certified, on independent medical review.