

<b>Case Number:</b>	CM14-0007605		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	04/03/2002
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 & Rehabilitation and is licensed to practice in Texas. 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 57 year old female with a reported injury on 04/03/2002. The mechanism of injury was not provided. The injured worker had a history of status post right total knee arthroplasty in 2010 and a closed manipulation under anesthesia with a right knee arthrotomy with lysis of adhesions and a scar revision on 12/18/2012. Her last exam received was on 12/06/2013. She had complaints of persistent pain and limited range of motion, along with difficulty standing. The rest of the progress note was illegible. There was no evidence of pain level assessment or effectiveness provided. There was no evidence of level of activities of daily living as well as a list of her medications. A urinalysis of opioid medication was not provided and therefore no evidence of possible addiction was able to be determined. The request for authorization and rationale form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-78.

**Decision rationale:** The injured worker had a history of status post right total knee arthroplasty in 2010 and a closed manipulation under anesthesia, right knee arthrotomy with lysis of adhesions and scar revision on 12/18/2012. The MTUS Chronic Pain Guidelines state that central analgesic drugs such as Tramadol are reported to be effective in managing neuropathic pain. The MTUS Chronic Pain Guidelines also state that for on-going management they recommend review and documentation of pain relief, functional status, appropriate medication use and side effects. There was no evidence of any such documentation or any pain assessment. Thus the above request is not medically necessary and appropriate.