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| <b>Case Number:</b>   | CM14-0108695 |                              |            |
| <b>Date Assigned:</b> | 08/01/2014   | <b>Date of Injury:</b>       | 02/21/2012 |
| <b>Decision Date:</b> | 09/26/2014   | <b>UR Denial Date:</b>       | 06/13/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/14/2014 |

### 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 Occupational Medicine, has a subspecialty in Preventive 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of February 21, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated June 13, 2014, the claims administrator approved a followup visit, approved ibuprofen, approved omeprazole, and denied tramadol. The applicant's attorney subsequently appealed. In a progress note dated May 21, 2014, the applicant reported persistent complaints of multifocal knee, bilateral wrist, and low back pain, 6-7/10. The applicant also had issue of instability and expressed fear that her knee would give out. Motrin, Prilosec, and tramadol were endorsed. Two refills of each article were furnished. The applicant is pending knee surgery, it was stated. Two refills of each medication were furnished. The applicant's work status was not provided. The claims administrator did approve request for a knee arthroscopy procedure on April 28, 2014. Prescriptions for Norco, Keflex, and Ultram were concomitantly approved.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs Page(s): 80-81. Decision based on Non-MTUS Citation Official disabilities guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol section; MTUS 9792.23.b2 Page(s): 94.

**Decision rationale:** While this is, strictly speaking, a postoperative/perioperative request as opposed to a chronic pain request, MTUS 9792.23.b2 does stipulate that the postsurgical treatment guidelines in section 9792.24.3 shall apply together with any other applicable treatment guidelines found within the MTUS. In this case, since page 94 of the MTUS Chronic Pain Medical Treatment Guidelines did address the need for postoperative usage of tramadol, it is medically necessary and appropriate.