

<b>Case Number:</b>	CM14-0112696		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	10/01/1997
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 Internal 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:

This case involves an injured worker with a date of injury of 10/01/1997. The injured worker injured his right knee and status post anterior cruciate ligament ACL repair. Pain management report dated June 16, 2014, documented subjective complaints of pain in the right knee. The patient reports that his pain is about the same as it was at his prior examination. He reports that his knee brace is helping his pain. Physical examination was documented. The patient appeared to be in no acute distress. Mild crepitus was noted in the right knee with diffuse tenderness to palpation. MRI of the right knee in 2011 showed evidence of rupture of the ACL graft or indentation of the ACL graft. An operative report from September 16, 1998 documented diagnostic surgical arthroscopy of the right knee, anterior cruciate ligament reconstruction central one-third bone patellar tendon, and bone graft and screw fixation, arthroplasty of the right knee for bone grafting proximal to the patellar graft site. Diagnosis was right knee pain and status post anterior cruciate ligament repair. Treatment plan included Tramadol #90. Utilization review determination date was 6/25/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Opioids Page(s): 93-94, 113, 123 74-96.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address Ultram (Tramadol). Ultram is a centrally acting synthetic opioid analgesic. Ultram is indicated for the management of moderate to moderately severe pain. MTUS Chronic Pain Medical Treatment Guidelines (Page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of break-through medication may be required for incidental pain, end-of-dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. The medical records document that the patient is status post anterior cruciate ligament repair of the right knee. The medical records document significant pathology. Ultram (Tramadol) is indicated for the management of moderate to moderately severe pain. Medical records document the stable use of Tramadol and regular clinic visits. Medical records support the maintenance of the Tramadol prescription. Medical records and MTUS guidelines support the prescription of Tramadol (Ultram). Therefore, the request for Tramadol #90 is medically necessary.