

<b>Case Number:</b>	CM14-0131197		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	09/24/2010
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 Family 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 47 year old male injured on 09/24/10 when he struck his left knee against an open door resulting in left knee pain. The injured worker was initially evaluated; diagnostic studies performed; and prescribed ace wrap, Naprosyn, and modified work. The injured worker was then recommended physical therapy, additional diagnostic studies to include MRI and patella stabilizer support. The injured worker had a secondary injury on 07/27/11 to the low back resulting in low back pain. Current diagnoses include left knee pain and mechanical symptoms, left knee chondromalacia, left knee status post arthroscopy, meniscectomy, and micro fracture on 09/05/13, lumbar spinal strain, left lumbar radiculopathy, lumbar disc pathology, gastritis, and anxiety/depression. The clinical note dated 07/02/14 indicated the injured worker presented complaining of intermittent left knee pain rated at 5-6/10 with aching and sharp stabbing pain associated with prolonged standing and walking. The injured worker also complained of continued constant low back pain. Physical examination of the left knee revealed tender patellar facets and joint lines, decreased range of motion, pain on McMurray's test; negative Lachman's, negative drawer, and no sign of infection or gross deformities. Examination of the lumbar spine revealed tender lumbar paraspinals, positive straight leg raise on the left and diminished range of motion. Treatment plan included the use of stationary bike low resistance, follow up with psychiatric care for stress and anxiety, physical therapy 2 x a week x 6 weeks, and refill Tramadol, Prilosec, and Methoderm ointment. Additionally, dorsal lumbar corset requested. The initial request for Tramadol Hydrochloride tablets 50mg was initially non-certified on 07/17/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol Hydrochloride Tablets, 50mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 105.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As such, Tramadol Hydrochloride tablets, 50mg cannot be recommended as medically necessary at this time.