

<b>Case Number:</b>	CM14-0022078		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	09/15/2009
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 Orthopedic Surgery, 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 medical records presented for review indicate that this 51-year-old individual was injured in September, 2009. The MRI report completed in October, 2009 noted a twisting injury to the left knee. This study noted an osteochondral defect. Multiple follow-up MRIs are noted. Electrodiagnostic studies were completed and reported to be within normal limits. An AME was completed in August, 2010 and noted the mechanism of injury to be a twisting event. Knee arthroscopy was performed. At that time a Grade III chondromalacia was identified. Postoperative rehabilitative care was completed. There are ongoing complaints of left lower extremity symptoms. The physical examination noted a slight decrease to lumbar spine range of motion and a positive sciatic stretch test. A slight loss of left knee range of motion is reported. The clinical assessment was a lumbar strain secondary to compensatory changes of the left knee and an osteochondral defect involving the left knee. Multiple pain management interventions have not been completed subsequent to that evaluation. Total knee arthroplasty was completed in November, 2011. A comorbidity of rheumatoid arthritis was diagnosed in October, 2012. A psychiatric evaluation was completed in August, 2013. The treatment to date was outlined including the ability to return to work. Narcotic pain medications are continued. It was determined that the left knee pain had resolved and the current complaints are secondary to a diagnosis of rheumatoid arthritis. Selective nerve root blocks are sought as well. The medication oxycodone was certified in October, 2013. The most recent physical examination presented for review noted the symptoms involved in the contralateral right knee. A slight decrease in right knee range of motion is reported, and any injection was completed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMADOL 50 MG #200:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN Page(s): 78-80,81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids, Opioids for chronic pain Page(s): 80.

**Decision rationale:** The records reflect that the injured left knee has no pain. It has been treated with a total knee arthroplasty. Furthermore, the pain generator appears to be the contralateral uninvolved side and the diagnosis is rheumatoid arthritis. As outlined in the guidelines, the use of narcotic medications to address osteoarthritis is not recommended as a first-line therapy and only in a short term use for acute flares. These types of medications are under study for long-term implications. The request for Tramadol 50 mg, 200 count, is not medically necessary or appropriate.