

<b>Case Number:</b>	CM14-0028101		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	06/18/2012
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 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 claimant was injured on 06/18/12. Tramadol was prescribed and is under review. The claimant injured her knee. On 07/03/13, she was prescribed Motrin. She also received Tramadol. She was advised to complete her rehab. She remained symptomatic on 08/06/13 and wanted an injection to her knee. An injection was recommended on 09/20/13. She received Tramadol again on 11/07/13. She had an exam with [REDACTED] on 10/30/13. Her medications include Tramadol and ibuprofen. She took no medications that morning. Her diagnosis was right knee sprain with mild chondromalacia of the patella. She also had alleged compensatory left knee sprain. An ultrasound guided injection to the right knee was recommended along with additional physical therapy. She saw a chiropractor in December 2013. She has continued to receive Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg, #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Web Edition.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ultram Page(s): 145.

**Decision rationale:** The history and documentation do not objectively support the request for Tramadol 50 mg #120. The California MTUS p. 145 "Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic." There is no documentation of trials and failure of or intolerance to other more commonly used first line drugs. The claimant was also taking Motrin along with Tramadol with no documentation of side effects or lack of effectiveness of first line analgesics. Additionally, California MTUS state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded. (Mens 2005) The expected benefit or indications for the use of this medication have not been stated. The medical necessity of Tramadol 50 mg #120 has not been clearly demonstrated.