

<b>Case Number:</b>	CM14-0037815		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	03/20/2012
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2014

### 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 Anesthesiology, has a subspecialty in Pain 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 36 year old male injured on 03/20/12 while carrying a piece of marble weighing approximately 100 lbs. up a set of stairs and experienced a sudden onset of stabbing sensation in his knees and back. The injured worker was diagnosed with a lumbar spine sprain/strain, axial right sided lower back pain, rule out facet arthropathy, status post right knee arthroscopic surgery, left knee medial meniscal tear, right ankle tendonitis, and history of gastritis. The clinical note dated 02/26/14 indicates the injured worker presented complaining of improvement in symptoms with medications and physical therapy, although continues to complain of pain in low back, bilateral knees, and right ankle. The injured worker reports continued popping and giving way of left knee. The injured worker rated his severity of low back pain and left knee pain at 7/10 and right knee pain at 6/10 without medication or therapy. The injured worker reports pain level is reduced to 4-5/10 with the use of medications. The documentation indicates the injured worker reported significant improvement following right knee arthroscopic surgery. The injured worker has undergone 3 Synvisc injections to the left knee and is awaiting left knee arthroscopy. Physical examination revealed tenderness to palpation over the spinous processes from L1 through L5 and bilateral paravertebral muscles, decreased range of motion of the lumbar spine, and straight leg raise positive bilaterally. Examination of the right knee revealed diffused tenderness to palpation over the anterior aspect, crepitus present, and decreased range of motion. Examination of the left knee reveals tenderness to palpation over the medial joint line, no soft tissue swelling, decreased range of motion, and McMurray's test is positive. The plan of care includes continuation of current medication regimen which includes Tramadol 150mg #30, 1 tablet every day, Naproxen 550mg, 1 tablet twice a day, and Omeprazole 20mg, 1 tablet every day. The initial request for Tramadol was non-certified on 03/06/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** As noted in the MTUS Chronic Pain 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 sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. The clinical note indicates the intent to continue prescription for Tramadol 150mg every day, #30. As such, the request for Tramadol 150mg, 1 tablet every day, #30 tablets is recommended as medically necessary at this time.