

<b>Case Number:</b>	CM14-0039240		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	05/22/2009
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 patient is a 31-year-old male who was injured on 05/22/2009. He sustained an injury when he was helping to unload boxes. A box fell on him weighing 25 pounds, onto his right leg. He felt immediate popping in his leg. Prior treatment history included Kenalog injections and a knee brace. He is status post a partial medial meniscectomy, surgically severed medial patellar plica, and surgical repair on 05/20/2011. The patient's medications as of 01/31/2014 included Tramadol 50 mg 3 a day, Tramadol 150 mg 1 a day and Trazodone 50 mg as needed (p.r.n.). Progress report dated 02/28/2014 indicates the patient complained of right knee pain. He reported he is flaring and would like steroid injection of the knee. He has had injections in the past with good relief. He reported with his medications, his pain level comes down from 9/10 to 4-5/10. It helps with his activities of daily living. On exam, he has increased tenderness throughout the right knee with crepitus. There is no laxity noted. There is some mild generalized edema but no right effusion, erythema, or warmth to touch. He received an injection at this visit and tolerated it very well. He is diagnosed with right knee pain and depression/anxiety due to his chronic pain. He was given a 3-month supply of his medications, which are listed above. He has a request pending for another Kenalog injection to the right knee as this has given him significant relief in the past. He has been encouraged to remain active. His subjective and objective findings are unchanged on other progress notes as well. Prior utilization review dated 03/20/2014 states the request for Tramadol 50mg #100 is not authorized, as guidelines do not support this request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 83.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Specific Opioids: Tramadol) Page(s): 74-96; 84.

**Decision rationale:** This is a request for Tramadol for a 31-year-old male injured on 5/22/09 with chronic right knee pain status post arthroscopy on 5/20/11 for meniscus tear. According to MTUS guidelines, there are no long-term studies of Tramadol to allow for recommendation for longer than 3 months of use. However, the patient is taking this medication on a chronic basis. Further, medical records fail to establish clinically significant functional improvement from use of Tramadol. The prescribed amount is excessive. Medical necessity is not established.