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| <b>Case Number:</b>   | CM14-0189625 |                              |            |
| <b>Date Assigned:</b> | 11/20/2014   | <b>Date of Injury:</b>       | 08/19/2011 |
| <b>Decision Date:</b> | 01/08/2015   | <b>UR Denial Date:</b>       | 11/03/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/12/2014 |

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 49-year-old male with date of injury of 08/19/2011. The listed diagnoses from 10/21/2014 are: 1. Right knee internal derangement; status post failed surgery with arthritic changes 2. Bronchospasm and allergic rhinitis/asthma 3. Insomnia and anxiety According to this report that patient continues to have right knee pain and swelling. He has difficulty getting in and out of the car. The patient cannot walk for long distances, run and kneel. His examination is unchanged. He has slight swelling of the right knee with limited range of motion. The patient wears a brace on the right knee and limps. Straight leg raise is negative. The documents include progress reports from 03/13/2014 to 10/21/2014. The utilization review denied the request on 11/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol (No dosage or quantity indicated):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for initiating opioids Page(s): 76 to 78.

**Decision rationale:** This patient presents with right knee pain. The treater is requesting Tramadol. The California Medical Treatment Utilization Schedule (MTUS) Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. California MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. The records do not show a history of tramadol use. The 05/13/2014 report notes that the patient continues to have right knee pain and is now wearing a brace almost all of the time. Examination reveals limited range of motion of the right knee with slight swelling and effusion. The 08/26/2014 report notes right knee pain and stiffness with occasional swelling. He has to put more pressure on his left knee and at times he starts having a "burning sensation." The examination is the same as the 05/13/2014 report. The patient has tried ibuprofen and physical therapy with no reported benefit. In this case the patient may require a trial of Tramadol; however the current request is for an unspecified dosage and quantity which renders the prescription invalid and not supported by California MTUS. The request is not medically necessary.