

<b>Case Number:</b>	CM15-0016421		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	01/24/2011
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 39 year old female who sustained an industrial related injury on 1/24/11. The only medical report provided dated 1/15/15 noted the injured worker had complaints of bilateral knee pain. Medication included Tramadol, Hydrocodone, Lidoderm patches, and Bupropion XL. Tramadol was noted to provide 50% pain relief and 50% improvement in the injured worker's activities of daily living. Diagnoses included left knee internal derangement, status post left knee arthroscopy, right knee mild edema, degenerative changes seen involving the right patellofemoral joint, early degenerative changes involving bilateral medial compartments, bilateral knee degenerative joint disease, depression, and headache. The treating physician requested authorization for Tramadol 37.5/325mg quantity 60 with no refills. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted the medical records did not indicate a current pain intensity rating, the least reported pain over the period since the last assessment, intensity of pain after taking the opioid, and how long it takes for pain relief. Therefore the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 37.5/325mg quantity 60 with no refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management Page(s): 79.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant is more than 4 years status post work-related injury and continues to be treated for bilateral knee pain. Medications also include Vicoprofen 7.5/200 two times per day. Tramadol is a short acting opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing good pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of tramadol was medically necessary.