

<b>Case Number:</b>	CM15-0182532		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	03/27/2008
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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: California

Certification(s)/Specialty: Emergency Medicine

### 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 52 year old male, who sustained an industrial injury on 3-27-2008. A review of the medical records indicates that the injured worker is undergoing treatment for chondromalacia, torn medial meniscus, and lumbar myofascial pain. On 8-24-2015, the injured worker reported right knee anterior and medial pain rated a 6 out of 10, with occasional mild swelling. The Primary Treating Physician's orthopedic report dated 8-24-2015, noted the injured worker had been doing modified work, taking medication, which helped. Examination of the right knee was noted to show minimal swelling in the suprapatellar pouch area, with mild atrophy of the right thigh, and minimal tenderness noted over the medial joint line and retro patellar area. The right knee range of motion (ROM) was noted to be slightly painful and limited. The left knee examination was noted to show minimal tenderness over the medial joint line with minimal pain with range of motion (ROM). The treatment plan was noted to include Tramadol with over-the-counter (OTC) Aleve or Advil, with the injured worker to continue working with the same work restrictions as imposed previously in a permanent and stationary report. The injured worker was noted to have undergone right knee surgery on January 10, 2013, with post-operative physical therapy, and Tramadol prescribed since at least March 9, 2015. A request for authorization from the Primary Treating Physician was noted to request Tramadol 50mg #60. The Utilization Review (UR) dated 9-4-2015, non-certified the request for Tramadol 50mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, specific drug list.

**Decision rationale:** The requested Tramadol 50mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has right knee anterior and medial pain rated a 6 out of 10, with occasional mild swelling. The Primary Treating Physician's orthopedic report dated 8-24-2015, noted the injured worker had been doing modified work, taking medication, which helped. Examination of the right knee was noted to show minimal swelling in the suprapatellar pouch area, with mild atrophy of the right thigh, and minimal tenderness noted over the medial joint line and retro patellar area. The right knee range of motion (ROM) was noted to be slightly painful and limited. The left knee examination was noted to show minimal tenderness over the medial joint line with minimal pain with range of motion (ROM). The injured worker was noted to have undergone right knee surgery on January 10, 2013, with post-operative physical therapy, and Tramadol prescribed since at least March 9, 2015. The treating physician has not documented failed first-line opiate trials, VAS pain quantification with and without medications, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Tramadol 50mg #60 is not medically necessary.