

<b>Case Number:</b>	CM15-0192390		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	12/31/2012
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 57 year old female, who sustained an industrial injury on 12-31-2012. Medical records indicate the worker is undergoing treatment for right knee surgery on 9-24-2014, right knee degenerative joint disease and left knee strain. A recent progress report dated 7-23-2015, reported the injured worker complained of knee pain rated 10 out of 10, made better by rest and worse by weight bearing. Physical examination revealed right knee range of motion 0-130 degrees with minimal joint effusion and medial joint tenderness and left knee range of motion of 0-140 degrees with minimal joint effusion and medial and lateral joint line tenderness. Magnetic resonance imaging of the left knee from 2-19-2015 showed mild patellar degenerative changes and edema around the medial head of the gastrocnemius muscle. Treatment to date has included knee surgery, knee injections, physical therapy and medication management-Tramadol since at least July of 2015. The physician is requesting Tramadol 50mg #60. On 9-16-2015; the Utilization Review modified the request for Tramadol 50mg #60 to #30.

### 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, Section(s): Opioids, criteria for use.

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

**Decision rationale:** The California MTUS states: When to Continue Opioids: (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.