

<b>Case Number:</b>	CM15-0194376		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	04/19/2006
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/14/2015
<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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 64-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of April 19, 2006. In a Utilization Review report dated September 14, 2015, the claims administrator failed to approve a request for tramadol. The claims administrator referenced an August 28, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said August 28, 2015 office visit, the applicant reported ongoing complaints of knee pain. The applicant was on Motrin, tramadol, and Prilosec, it was reported. Repeat viscosupplementation injection therapy was sought. The attending provider contended that the applicant was doing well with his medications but acknowledged that the applicant was not working with permanent limitations in place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 mg Sig: bid Refill: 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for osteoarthritis.

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

**Decision rationale:** No, the request for tramadol, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was not working, it was acknowledged on August 28, 2015. While the attending provider stated that the applicant was doing well on his medications, the attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function, if any, effected as a result of ongoing tramadol usage. Therefore, the request was not medically necessary.