

<b>Case Number:</b>	CM15-0199460		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	03/20/2001
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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, California  
 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 51 year old female, who sustained an industrial injury on 3-20-01. The injured worker was diagnosed as having right knee pain, status post total knee replacement in 2004 and 2005 and obesity. Subjective findings (3-23-15, 4-23-15, 5-22-15, 7-6-15, 7-22-15) indicated right knee pain. The treating physician noted the injured worker "gets around good". Objective findings (3-23-15, 4-23-15, 5-22-15, 7-6-15) revealed tenderness in the medial and lateral side of the right knee and pain with knee flexion. As of the PR2 dated 8-21-15, the injured worker reports right knee pain. Objective findings include tenderness in the medial and lateral side of the right knee and pain with knee flexion. Current medications include Ambien, Aspirin, Norco and Tramadol (since at least 3-23-15). Treatment to date has included right knee x-ray on 7-6-15 showing good alignment. The urine drug screen on 5-22-15 was positive for Zolpidem. The patient sustained the injury when her leg was caught on a wooden pallet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL tab 50mg, day supply: 30 Qty: 60: Overturned**

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

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

**Decision rationale:** Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol can be used for chronic pain and for treatment of episodic exacerbations of severe pain. The injured worker was diagnosed as having right knee pain, status post total knee replacement in 2004 and 2005 and obesity. As of the PR2 dated 8-21-15, the injured worker reports right knee pain. Objective findings include tenderness in the medial and lateral side of the right knee and pain with knee flexion. Treatment to date has included right knee x-ray on 7-6-15 showing good alignment. The patient has chronic pain and the patient's medical condition can have intermittent exacerbations. Having tramadol available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary. This request for Tramadol HCL tab 50mg, day supply: 30 Qty: 60 is medically appropriate and necessary.