

<b>Case Number:</b>	CM15-0200185		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	05/05/2014
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 44 year old male, who sustained an industrial injury on 5-05-2014. The injured worker was being treated for a right tibial plateau fracture, lateral meniscus discoid morphology, and chronic medial collateral ligament sprain. Treatment to date has included diagnostics, bracing, physical therapy, cortisone injection, and medications. Currently (9-16-2015), the injured worker complains of no change in symptoms regarding his right knee, noting the use of a brace with relief, and more grinding. Exam of the right knee noted a large soft mass at the lateral posterior thigh, tenderness at the lateral tibial plateau and medial subcondylar tibial plateau with percussion, diffuse swelling, patellofemoral crepitus, and positive orthopedic special testing. Current medication was documented as Ibuprofen. His work status remained total temporary disability. He was prescribed Tramadol, Voltaren, and Gabapentin. Tramadol was prescribed since at least 3-12-2015. Arthroscopic right knee surgery was approved. Urine toxicology was not submitted. Per the request for Authorization dated 9-16-2015, the treatment plan included Tramadol 50mg #90 with 2 refills, modified by utilization Review on 9-25-2015 to Tramadol 50mg #90 with 0 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Tramadol 50mg #90 with 2 refills: 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, criteria for use.

**Decision rationale:** MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do provide such a rationale for use of Tramadol; however, ongoing monitoring of the effectiveness and necessity of opioids is necessary but this follow-up cannot be accomplished without physician visits. Thus while Tramadol is medically necessary,, the request for 2 refills is not medically necessary. Thus overall as written, this prescription is not medically necessary.