

<b>Case Number:</b>	CM15-0210489		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	02/16/2011
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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:

This is a 50 year old male who sustained a work-related injury on 2-16-11. Medical record documentation on 9-30-15 revealed the injured worker was being treated for internal derangement of the left knee, internal derangement of the right knee, and discogenic lumbar condition. He reported knee pain more in the medial than the lateral joint line. He used a compression sleeve and cane for support. Objective findings included tenderness to palpation along the bilateral knees medially greater than laterally. His range of motion was extension to 170 degrees bilaterally, flexion to 120 degrees on the right and less than 90 degrees on the left. His medication regimen included Lunesta 2 mg for insomnia for weaning, tramadol ER 150 mg for pain (since at least 6-30-15) and weaning and Effexor 75 mg for depression. Treatment included surgical intervention TENS unit, physical therapy and Hyalgan injections. A request for Tramadol ER 150 mg #30 was received on 10-5-15. On 10-10-15, the Utilization Review physician determined Tramadol ER 150 mg #30 was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress.

**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 ER 150mg #30 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 knee pain more in the medial than the lateral joint line. He used a compression sleeve and cane for support. Objective findings included tenderness to palpation along the bilateral knees medially greater than laterally. His range of motion was extension to 170 degrees bilaterally, flexion to 120 degrees on the right and less than 90 degrees on the left. His medication regimen included Lunesta 2 mg for insomnia for weaning, tramadol ER 150 mg for pain (since at least 6-30-15) and weaning and Effexor 75 mg for depression. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, 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 ER 150mg #30 is not medically necessary.