

<b>Case Number:</b>	CM15-0217247		
<b>Date Assigned:</b>	11/09/2015	<b>Date of Injury:</b>	12/26/2010
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2015

### 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 49 year old male with a date of injury of December 26, 2010. A review of the medical records indicates that the injured worker is undergoing treatment for chronic left knee pain and lumbar spondylosis with radiculitis. Medical records dated July 13, 2015 indicate that the injured worker complained of increasing pain in the lumbar spine with radiation to the right lower extremity, and left knee pain. Records also indicate that the injured worker reported limited activities, sleep difficulties, and an inability to do repetitive kneeling and squatting activities. A progress note dated September 28, 2015 documented complaints similar to those reported on July 13, 2015. Per the treating physician (September 28, 2015), the employee was temporarily totally disabled. The physical exam dated July 13, 2015 reveals an antalgic gait, wasting of the left quadriceps muscle, generalized palpable tenderness over the left knee medial and lateral joint compartments, tenderness over the right knee medial joint line, painful McMurray's test, marked tenderness over the lumbar spine paravertebral muscles, palpable tenderness over the right sacroiliac joint and sciatic notch, and hyperesthesia over the right calf region at the L5-S1 dermatome. The progress note dated September 28, 2015 documented a physical examination that showed use of a left knee brace, and antalgic gait, marked tenderness over the lumbar paravertebral muscles with muscle spasm and guarding, decreased range of motion of the lumbar spine, wasting of the left quadriceps muscle, tenderness to palpation over the left knee medial and lateral joint line, and decreased range of motion of the left knee. Treatment has included three left knee arthroscopies, partial left knee replacement, chiropractic treatments, and medications (Tramadol since at least May of 2015). The utilization review (October 9, 2015) non-certified a request for Tramadol 50mg #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg 1 tab 2 times a day, qty 60 refills unspecified:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** Tramadol/ Ultram is a Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Provider has failed to document a single require component. As per Utilization Review, provider claims that there a prior urine drug screen that was appropriate but there is no pain contract due to "not being a pain management office". The lack of documentation as required by guidelines is not met. Continued Tramadol is not supported by documentation. The request is not medically necessary.