

<b>Case Number:</b>	CM15-0081596		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	10/01/1997
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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: New Jersey, New York  
 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 56 year old male who sustained an industrial injury on 10/01/1997. Diagnoses include right knee pain status post anterior cruciate ligament repair. Treatment to date has included diagnostic studies, surgery, medications, physical therapy, knee bracing and a home exercise program. A physician progress note dated 03/09/2015 documents the injured worker continues to report knee pain. Medications are helping with the pain. His current pain level is 7 out of 10. The treatment plan is to continue his medications including Norco and Tramadol, Urinalysis to determine levels of prescription drugs and the presence of any non-prescription drugs. He will continue to wear his knee brace and will continue with his home exercise program. Treatment requested is for Tramadol HCL 50mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL 50mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, 115, Chronic Pain Treatment Guidelines Opioids Page(s): 78-82, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-79.

**Decision rationale:** The request for Tramadol is medical unnecessary. There is no documentation of what his pain was like previously and how much Tramadol decreased his pain. There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There was no objective documentation of improvement in function. The patient was also on Norco but his UDS was negative for hydrocodone because as per the patient, he finished his supply early. It is unclear why two opiates are needed. There was no drug contract. Because of these reasons, the request for Tramadol is not medically necessary.