

<b>Case Number:</b>	CM14-0125161		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	11/07/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 is reported to have sustained an injury to his left knee as a result of a slip and fall occurring on 11/07/12. The records reflect that the injured worker has multiple complaints to include bilateral shoulders, bilateral knees, and low back. Records reflect that on 02/21/14 the injured worker underwent a left knee arthroscopy in which a meniscectomy and chondroplasty was performed. He is noted to have undergone a right shoulder arthroscopy on 06/25/14. He has a prior history of right knee surgery. The record contains a urine drug screen dated 02/06/14 which was inconsistent. The injured worker was reported to have been prescribed Tramadol. The UDS was negative. A subsequent UDS performed on 06/04/14 was again negative for Tramadol. The record contains a utilization review determination dated 07/30/14 in which a request for Tramadol 150mg ER #30 was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Synthetic Opioids for Chronic Pain Page(s): 115; 78-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates  
Page(s): 74-80.

**Decision rationale:** The request for Tramadol 150mg ER #30 is not supported as medically necessary. The submitted clinical records indicate that the injured worker sustained an injury to the left knee as a result of a slip and fall. He has subsequently undergone a left knee arthroscopy on 02/21/14 and a right shoulder arthroscopy on 06/25/14. The record contains 2 urine drug screens dated 02/06/14 and 06/04/14 in which the injured worker was prescribed Tramadol. However, the results of these urine drug screens were negative for the metabolites of Tramadol indicating that the injured worker was not taking his medications as prescribed. Therefore, based on this information, the medical necessity for continued use of Tramadol is not established.