

<b>Case Number:</b>	CM14-0164787		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	07/01/2013
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Emergency Medicine and is licensed to practice in California. 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:

This is a patient with a reported date of injury on 7/1/2013. Mechanism is described as knee pain while walking up stairs. Patient has a diagnosis of chondromalacia of patella, lower leg pain, osteoarthritis of lower leg and chronic pain syndrome. Patient has a history of left knee arthroscopic surgery. Medical reports were reviewed. Last report available until 9/16/14. Patient complains of left knee pain. Pain is 5/10 with medications and 8/10 without. No side effects or concern for abuse. Objective exam reveals left knee effusion, arthroscopic scar, marked crepitus, medial joint tenderness, moderate anterior tibia tenderness, decreased range of motion. Moderate anterior erythema. MRI of left knee (7/1/14) revealed post meniscectomy, small oblique tear at inferior margin of medial meniscus posterior horn, complex tear in anterior horn. Chondromalacia patella and of cartilage in medial and lateral compartments. Subchondral marrow edema along lateral tibial plateau. Current medications include Levoxyl, Tramadol and Pennsaid. Independent Medical Review is for Tramadol 50mg #240. Prior UR on 9/30/14 recommended modification of Tramadol to #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 76-78.

**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. Documentation does not meet the appropriate documentation of all criteria. While there is documentation of pain and side effects, there is no documentation of long term plan or improvement in activity. The prescription has an excessive number of tablets that does not meet MTUS requirements for close monitoring of patients on Opioids. Due to excessive prescription and not meeting criteria, this prescription for Tramadol is not medically necessary.