

<b>Case Number:</b>	CM14-0084708		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	02/28/2008
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in 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 records presented for review indicate that this 61 year old female was reportedly injured on February 28, 2008. The mechanism of injury is undisclosed. The most recent progress note, dated April 30, 2014, indicates that there are ongoing complaints of bilateral knee pain, right worse than left. The physical examination of the right knee noted an effusion and a varus deformity, tenderness at the patellofemoral joint and medial joint line, and range of motion was from 0 to 110 degrees with crepitus. The injured employee was stated to be scheduled for a right knee totally arthroplasty. Diagnostic imaging studies are not included. Previous treatment is unknown. A request was made for Tramadol and was not certified in the preauthorization process on May 9, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #270:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page 82, 113 of 127V Page(s): 82, 113 of 127.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guidelines support the use of Tramadol (Ultram) for short term use after there is been evidence of failure of a first line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. A review of the available medical records fails to document any improvement in function or pain level with the previous use of Tramadol. As such, the request for Tramadol is not medically necessary.