

<b>Case Number:</b>	CM14-0093634		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	07/01/2013
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 Texas. 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:

Medical Records reflect the claimant is a 47 year old female who sustained a work injury to her knee on 7-1-13. Office visit on 5-18-14 notes the claimant is status post arthroscopy with meniscectomy and chondroplasty. The claimant has had postop. The claimant reports NSAIDs upset her stomach and she had a rash with Tylenol. The claimant reports significant knee pain with 2+ effusion. There is marked patellar crepitus medial greater than lateral joint line. The claimant has moderate anterior tibial tenderness. Range of motion is +5-110 degrees. On 6-13-14 QME awarded the claimant 11% impairment rating. Office visit from 7-14-14 notes the claimant is returned to work with restrictions.

### 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 On-Going Management, Opioids for osteoarthritis. Page(s): 78, 83.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-95.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines reflect that Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral

analgesic. The claimant reports upset stomach on NSAIDs and Tylenol caused a rash. There is an absence in documentation noting that this claimant has been tried on other medications that are first line of treatment. Additionally, long-term use of opioids without documentation of functional improvement is not supported per current treatment guidelines. Therefore, the medical necessity of this request is not established.