

<b>Case Number:</b>	CM15-0008976		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	11/15/2010
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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: California, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 was a 64 year old male, who sustained a work related injury, November 15, 2010. The injured worker sustained injuries to the low back and right knee. The injured workers chief complaint was progressive left knee pain. The injured worker was diagnosed with left knee patellofemoral chondromalacia. The injured worker was treated with right shoulder surgery January 27, 2014, right total knee arthroplasty November 2012, left L5-S1 decompression surgery, TENS (transcutaneous electrical nerve stimulator) unit, physical therapy for the right knee, epidural steroid injections to the left knee, naproxen, tramadol ER and cyclobenzaprine. The injured worker presented on 11/18/2014 with complaints of progressively worse left knee pain. The injured worker also reported ongoing limitation of range of motion of the right shoulder and low back pain. Upon examination of the right shoulder, there was 90 degrees abduction, 90 degrees forward flexion, and 80 degrees external rotation. Examination of the left knee revealed crepitance throughout the range of motion with 1+ effusion and positive McMurray's test medially. The injured worker was diagnosed with left knee progressive pain, rule out internal derangement. Recommendations included an MRI of the left knee and continuation of the current medication regimen of tramadol 150 mg, Fexmid 7.5 mg, and Protonix 20 mg. A Request for Authorization form was then submitted on 12/05/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, and Opioid Therapy, and Weaning Page(s): 79-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized tramadol HCl since at least 09/2014. There is no documentation of objective functional improvement. The injured worker continues to report high levels of pain. Additionally, there is no strength, frequency, or quantity listed in the request. Given the above, the request is not medically appropriate.