

<b>Case Number:</b>	CM15-0122044		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	05/04/2012
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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

Certification(s)/Specialty: Emergency Medicine

### 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 (n) 35 year old male, who sustained an industrial injury on 5/4/12. He reported pain in his left knee after a machine exploded and struck the medial aspect of the knee. He sustained a laceration on the superomedial aspect of the knee and a non-displaced fracture of the patella. The injured worker was diagnosed as having left patellar fracture, left traumatic arthrotomy and persistent left knee pain. Treatment to date has included physical therapy, a left knee MRI on 8/22/12 showing a grade II medial patellar retinaculum sprain, NSAIDs and Tramadol since at least 10/7/14. As of the PR2 dated 5/19/15, the injured worker reports constant, severe left knee pain. He rates his pain an 8/10 without medication and a 3/10 with medications. Objective findings include left knee flexion is 100 degrees, extension is 25 degrees and an antalgic gait. The treating physician requested to continue Tramadol 150mg #60 x 1 refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 150mg #60-1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76, 82, 84, and 93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 76-79.

**Decision rationale:** Tramadol/Tramadol 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. Patient appears to be on Tramadol chronically. Documentation meets the appropriate documentation required by MTUS. There is documentation of pain improvement, appropriate documentation of objective improvement and there is documentation concerning screening for abuse. However, refill included in this prescription is not appropriate and does not meet MTUS guidelines concerning close monitoring. While risk of abuse for tramadol is lower than other opioids, refills are not indicated as it would not allow appropriate monitoring for efficacy, side effects or abuse. Tramadol with refill is not medically necessary.