

<b>Case Number:</b>	CM14-0003888		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/15/2010
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 & Rehabilitation 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:

The injured worker is a 45-year-old male who reported an injury on 10/15/2010. The mechanism of injury was when he tripped and twisted his left knee. His diagnoses include internal derangement of the left and right knee. His previous treatments include medications, physical therapy, transcutaneous electrical nerve stimulation (TENS) unit, hot and cold wraps, bracing, injections, and a home exercise program. Per the clinical note dated 11/16/2013, the injured worker had complaints of ongoing bilateral knee pain. He reported that his pain was a 7-8/10 that radiated down his bilateral legs with numbness and tingling. On physical examination, of the bilateral knees, the physician reported there was tenderness and weakness that restricted his function. The injured worker ambulated with an antalgic and wide based gait. The physician's treatment plan included a prescription for Tramadol ER 200 mg #30. The physician reported the medications were provided to help him be more functional. The injured worker was instructed to continue with ice and heat and bracing as needed. Per the clinical note dated 01/02/2014, the injured worker was unable to proceed with surgery on his left knee due to cardiac issues. The injured worker opted to continue with conservative measures versus undergoing possible risk of surgery. The physician reported the patient should avoid repetitive stairs, hills, inclines, squatting, and bending, and that he could do intermittent sitting, standing and walking as tolerated. Per the clinical note dated 02/05/2014, the injured worker reported he continued to have persistent left knee pain characterized as sharp and episodic that radiated into his lower extremity. He reported he had been using a TENS unit, sitting, and medication that improved symptoms. On physical examination, the physician reported he was unable to toe walk safely, heel walking was performed with a limp, and squatting was noted to be less than 50% of normal, secondary to complaints of knee pain. On physical examination of the right knee, flexion was 130 degrees, extension 0 degrees, left knee flexion was 90 degrees, extension 0 degrees, and

passive flexion was 110 degrees. The physician reported the motor strength was 5/5 in the right lower extremity and left foot, and strength was noted at 4/5 with resisting touch of the left thigh and knee flexion and extension. The physician reported a CT scan of the left knee identified findings consistent with intra-articular pathology. The physician's impression was a probable medial meniscus tear and internal derangement of the left knee. The current request is for prospective request for 1 prescription of Tramadol ER 200 mg #30 and prospective request for 1 prescription of Tramadol ER 200 mg between 11/26/2013 and 02/14/2014. The rationale for the request was for long-acting pain relief. The request for authorization was not provided in the medical records.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **THE PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF TRAMADOL ER 200 MG. # 30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Tramadol (Ultram) Page(s): 78; 113.

**Decision rationale:** According to the MTUS Guidelines, the ongoing management of patients taking opioid medications should include routine office visits and detailed documentation of the extent of pain relief, functional status in regards to activities of daily living, appropriate medication use, and/or aberrant drug behaviors, and adverse side effects. The pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how it takes for pain relief; and how long pain relief lasts. There was no current pain assessment provided to indicate the current pain, the least reported pain over the period since his last assessment, and average pain. The documentation also failed to provide a recent urine drug screen showing consistent results to verify appropriate medication use. Therefore, despite evidence of decreased pain and increased function with the use of opioids, in the absence of a pain assessment by the physician and a current urine drug screen to verify compliance, the criteria for ongoing use of opioid medications have not been met. Therefore, the request is not medically necessary.

#### **THE PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF TRAMADOL ER 200 MG. BETWEEN 11/26/2013 AND 2/14/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Tramadol (Ultram) Page(s): 78; 113.

**Decision rationale:** According to the MTUS Guidelines, the ongoing management of patients taking opioid medications should include routine office visits and detailed documentation of the extent of pain relief, functional status in regards to activities of daily living, appropriate medication use, and/or aberrant drug behaviors, and adverse side effects. The pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how it takes for pain relief; and how long pain relief lasts. There was no current pain assessment provided to indicate the current pain, the least reported pain over the period since his last assessment, and average pain. The documentation also failed to provide a recent urine drug screen showing consistent results to verify appropriate medication use. Therefore, despite evidence of decreased pain and increased function with the use of opioids, in the absence of a pain assessment by the physician and a current urine drug screen to verify compliance, the criteria for ongoing use of opioid medications have not been met. Therefore, the request is not medically necessary.