

<b>Case Number:</b>	CM14-0178061		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	09/23/2013
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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, has a subspecialty in Interventional Spine 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 53 year old male with date of injury 9/23/13. The treating physician report dated 10/13/14 indicates that the injured worker presents with "a great amount of pain in his right knee than his left." The physical examination findings reveal antalgic gait favoring the right lower extremity, he can only do 25% of a squat and arthritic changes are noted greater on the right. Prior treatment history includes right knee surgery on unspecified date. MRI of the right knee dated 9/23/13 reveals a small tear of the lateral meniscus anterior horn with a small para-meniscal cyst, chronic tendinopathy and small joint effusion with tri-compartment degenerative change. The current diagnoses are: 1. Chronic right knee pain status post 2 surgeries and residual decreased ROM.2. Left knee pain with OAThe utilization review report dated 10/13/14 denied the request for Tramadol 50mg #60 and Norco 10/325mg #30 based on the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 mg # 60:** Upheld

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

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

**Decision rationale:** The injured worker presents with right knee pain greater than left knee pain. The current request is for Tramadol 50 mg # 60. The treating physician report dated 9/15/14 and 10/13/14 state, "Current Medications: Tramadol 50mg every 4-6 hours, Norco 10/325 prn and Temazepam 30mg at night." The 10/13/14 report states that the injured worker is to "continue with his current medications." In reviewing the reports provided it appears that the injured worker has been prescribed Tramadol since at least 4/18/14. The MTUS Guidelines do support Tramadol for chronic moderately severe pain. In reviewing the previous reports provided the treating physician never documented the 4 A's (analgesia, ADL's, Adverse effects and Adverse behavior) as required for the usage of Tramadol. MTUS has several reporting requirements that need to be documented by the treating physician for the ongoing usage of opioids and these requirements have not been documented. The request for Tramadol 50 mg # 60 is not medically necessary.

**Norco 10/325 mg # 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain; Criteria for Use of Opioids Page(s): 60, 61; 76-78; 88-89.

**Decision rationale:** The injured worker presents with right knee pain greater than left knee pain. The current request is for Norco 10/325 mg # 30. The treating physician report dated 9/15/14 and 10/13/14 state, "Current Medications: Norco 10/325 prn. He will continue his current medications." In reviewing the reports provided it appears that the injured worker has been prescribed Norco since at least 6/13/14. MTUS recommends the usage of Norco for the treatment of moderate to moderately/severe pain and continued usage of the medication must be substantiated with proper documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). In this case the treating physician has not provided any documentation that the injured worker has decreased pain with medication usage, improved ability to perform functional activities of daily living with medication usage or that the injured worker does not have any adverse effects or adverse behavior with Norco usage. MTUS requires that the prescribing physician closely monitor the effects of opioid prescriptions and document the 4 A's to substantiate ongoing usage. There is no way to tell if the prescribed medications are providing any functional improvements or pain relief. The request for Norco 10/325 mg # 30 is not medically necessary.