

<b>Case Number:</b>	CM14-0181734		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	02/25/2009
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 Pain Medicine 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 60-year-old male who tripped and fell while descending a step ladder, and thereby sustained an industrial injury on February 24th 2009. This resulted in a twisting injury to the right leg at the knee, and the patient felt an immediate pop. The patient had chronic knee pain and subsequently underwent right knee arthroscopy and 2009 and 2010. The patient eventually had a right total knee replacement with revision in May 2011. The patient also had a left total knee replacement in September 2012. The disputed issue at the present time is a request for tramadol. A utilization review determination recommended weaning to discontinue the tramadol. The rationale for this denial was that there was "no clear evidence presented of significant lasting functional improvement resulting from prior treatment with Tramadol."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 150mg #60, 1 tab BID:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol (Ultram, Ultram ER, generic available in immedia.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80,94.

**Decision rationale:** Tramadol is a centrally acting opioid agonist and also inhibits the reuptake of serotonin and norepinephrine. It has been reclassified as a schedule IV controlled substance as of August 18, 2014. The CPMTG specifies that this is a second line agent for neuropathic pain. Given its opioid agonist activity, it is subject to the opioid criteria specified on pages 76-80 of the CPMTG. With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the primary treating physician did not adequately document monitoring of the four domains. There is documentation of urine drug testing, with a specimen collected on August 26, 2014 and demonstrating the presence of tramadol, and the absence of illicit substances or other on prescribed medications. While pain relief was documented, improvement in function was not clearly outlined. Specifically, in a progress note from date of service May 2nd, 2014, there is documentation that the patient "requires the continuation of medications for the maintenance of his activities of daily living." The more recent notes fail to continue documenting functional improvement from the use of Tramadol. Based on the lack of documentation, medical necessity of this request cannot be established at this time. The requested Tramadol 150mg #60 is not medically necessary.