

<b>Case Number:</b>	CM14-0108760		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	12/11/2002
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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. 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 56 year old male who sustained an industrial injury on 12/11/2002. Treatment provided to date has included: medications, and conservative therapies/care. Diagnostic testing was not provided or mentioned. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 05/27/2014, physician progress report noted complaints of left knee pain with medial joint discomfort. Pain is rated as 8 (0-10) and described as worsening, constant, sharp, and radiates to upper extremities and associated with headaches. There was reported improvement with tramadol ER. The physical exam revealed tenderness along the medial joint line with range of motion from 0 to 120 degrees. The provider noted diagnoses of medial meniscus tear of the knee, and osteoarthritis/degenerative joint disease. Plan of care includes continued medications (including tramadol), and follow-up. The injured worker's work status temporarily partially disabled with restrictions. Requested treatments include tramadol ER.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 90 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for tramadol ER, California Pain Medical Treatment Guidelines state that tramadol is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but fortunately, the last reviewer modified the current request to allow tapering. In light of the above issues, the currently requested tramadol ER, is not medically necessary.