

<b>Case Number:</b>	CM15-0000400		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	08/12/2013
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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: Physical Medicine & Rehabilitation

### 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 39 year old male, who sustained an industrial injury on 08/12/2013. Medical records provided did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed with sprain/strain to the knee/leg, meniscus tear, and contusion of the knee. Treatment to date has included use of hot pack, completion of twelve visits of physical therapy as of 11/21/2014, status post fifth Supartz injection, status post right knee partial medial meniscectomy with chondralmalacia, and medication history of Hydrocodone, and Cyclobenzaprine. Currently, the injured worker complained of pain and tightness to the right knee with spasms that were noted to have worsened. The treating physician requested Tramadol ER and Hydrocodone due to the injured worker noting that the medications assist in pain control, spasms, and increases activities of daily living. On 12/05/2014 Utilization Review non-certified the retrospective prescriptions for Tramadol ER 150mg with a quantity of 30 and Hydrocodone 2.5/325mg with a quantity of 60, noting the California Chronic Pain Medical Treatment Guidelines (May 2009) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Tramadol ER 150mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDSTramadol Page(s): 76-78,88-89, 113.

**Decision rationale:** The patient presents with unrated pain to the right knee and associated unspecified muscle spasms. Patient is status post right knee partial medial meniscectomy with chondromalacia at a date unspecified. The request is for RETRO TRAMADOL ER 150MG #30. Physical examination dated 12/23/14 notes pain upon palpation to unspecified locations on the right knee, negative McMurray's test, negative anterior drawer test. No other pertinent physical examination findings are included. The patient is currently prescribed Orphenadrine, Norco, and Tramadol. Diagnostic imaging included MRI of the right knee performed 07/03/13, significant findings include: "...marked irregular/complete volume loss along the medial facet of the patella with fissures at the apex... mild extravasation of contrast adjacent to the lateral edge of the suprapatellar recess." Per progress report dated 12/23/14 patient is advised to remain off work until 01/23/15. MTUS Chronic Pain Medical Treatment Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol states: Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. In regards to the request for Tramadol, the treater has not provided adequate documentation of efficacy to substantiate continued use. Progress reports provided do not establish a clear timeline of Tramadol utilization, though denial letter dated 12/06/14 suggests that this patient has been receiving opioids since at least August 2013. Furthermore, the treater has not provided any quantitative pain assessment values which establish that this is an effective medication. In regards to medication efficacy, progress note dated 12/23/14 only states "Patient reports medication helps control pain and spasm..." Such vague documentation does not satisfy MTUS requirements for continued narcotic utilization. Therefore, the request IS NOT medically necessary.

**Retro Hydrocodone 2.5/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

**Decision rationale:** The patient presents with unrated pain to the right knee and associated unspecified muscle spasms. Patient is status post right knee partial medial meniscectomy with chondromalacia at a date unspecified. The request is for RETRO HYDROCODONE 2.5/325MG

#60. Physical examination dated 12/23/14 notes pain upon palpation to unspecified locations on the right knee, negative McMurray's test, negative anterior drawer test. No other pertinent physical examination findings are included. The patient is currently prescribed Orphenadrine, Norco, and Tramadol. Diagnostic imaging included MRI of the right knee performed 07/03/13, significant findings include: "...marked irregular/complete volume loss along the medial facet of the patella with fissures at the apex... mild extravasation of contrast adjacent to the lateral edge of the suprapatellar recess." Per progress report dated 12/23/14 patient is advised to remain off work until 01/23/15. MTUS Chronic Pain Medical Treatment Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regards to the request for Norco, the treater has not provided adequate documentation of efficacy to substantiate continued use. Progress report dated 10/22/14 indicates that this patient was dispensed with 60 Norco during office visits "per patient immediate need and convenience", progress report dated 11/21/14 indicates that the patient was again given 30 Norco during an office visit with the same rationale provided. The following reports dated 12/01/14 and 12/23/14 do not discuss this medication specifically or provide any discussion of efficacy, adverse effects, or specific functional improvements. The documentation provided does not clearly establish that this medication as effective, nor does it establish a clear enough history of utilization to substantiate medical necessity. Therefore, this request IS NOT medically necessary.