

<b>Case Number:</b>	CM15-0109854		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	10/23/2012
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 52 year old male, who sustained an industrial injury on October 23, 2012. He reported low back pain with bilateral lower extremity radiculopathy and bilateral knee pain. The injured worker was diagnosed as having left knee medial meniscus tear and lateral meniscus tear, status post arthroscopy, right knee medial meniscus tear and lateral meniscus tear and lumbar spine disc protrusion with left-sided L5 radiculopathy. Treatment to date has included diagnostic studies, radiographic imaging, surgical intervention of the left knee, physical therapy, medications and work restrictions. Currently, the injured worker complains of continued pain in the low back, bilateral lower extremities and bilateral knees. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Radiographic imaging revealed lumbar spondylosis, disc bulges, facet arthropathy and central canal stenosis. Evaluation on February 18, 2015, revealed continued pain in the knee joints. It was noted in the physical therapy report he was using a single point cane for ambulation safety. Evaluation on April 6, 2015, revealed continued pain as noted. Ultram was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78.

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

**Decision rationale:** According to MTUS guidelines, Ultram is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. Although, Ultram may be needed to help with the patient pain, it may not help with the weaning process from opioids. Ultram could be used if exacerbation of pain after or during the weaning process. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 non adherent) 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. There is no clear evidence of functional and pain improvement with previous use of opioids. There is no clear documentation of the need for ongoing use of tramadol. There is no recent evidence of objective monitoring of compliance of the patient with his medication. Therefore, the request for Ultram 50mg #60 is not medically necessary.