

<b>Case Number:</b>	CM15-0013066		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	05/13/2003
<b>Decision Date:</b>	04/27/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 62-year-old male, who sustained an industrial injury on May 13, 2003. The diagnoses have included primary osteoarthritis and derangement of the medial meniscus. Treatment to date has included medications and physical therapy. Currently, the injured worker complains of continued bilateral knee pain, which he describes as shooting, sharp aching pain. Per the note dated 12/1/14, he rated the pain an average of 7 on a 10-point scale. The pain was relieved with ice, rest and medication and exacerbated with use. On examination, the injured worker had an antalgic gait and was found to have bilateral effusions at the knees. The knees had crepitus and joint laxity. There was decreased motor strength of the knee extension and hip flexion, decreased ankle dorsiflexion and decreased patellar reflex. The injured worker exhibited positive McMurray's, Lachman's and anterior/posterior drawer tests. The medication list includes Norco and Tramadol. Per the note dated 2/19/14 he rated the pain an average of 8 on a 10-point scale. The pain was relieved with ice, rest and medication and exacerbated with use. On examination, the injured worker had an antalgic gait. There was decreased motor strength of the knee extension and hip flexion, decreased ankle dorsiflexion and decreased patellar reflex and decreased sensation in right knee. The injured worker exhibited positive McMurray's, Lachman's and anterior/posterior drawer tests. The patient continues to use a walker. The patient's surgical history includes bilateral knee surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 200 mg #30: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75 and 82.

**Decision rationale:** Tramadol ER 200 mg #30 between 11/3/14 and 12/16/15. Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain." (Kumar, 2003) Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol can be used for chronic pain and for treatment of episodic exacerbations of severe pain. The diagnoses have included primary osteoarthritis and derangement of the medial meniscus. Currently, the injured worker complains of continued bilateral knee pain, which he describes as shooting, sharp aching pain. Per the note dated 2/19/14, he rated the pain an average of 8 on a 10-point scale. The pain was relieved with ice, rest and medication and exacerbated with use. On examination, the injured worker had an antalgic gait. There was decreased motor strength of the knee extension and hip flexion, decreased ankle dorsiflexion and decreased patellar reflex and decreased sensation in right knee. The injured worker exhibited positive McMurray's, Lachman's and anterior/posterior drawer tests. The patient continues to use a walker. The patient's surgical history includes bilateral knee surgery. The pt has chronic pain and the patient's medical condition can have intermittent exacerbations. This medical necessity of the request for Tramadol ER 200 mg #30 is deemed as medically appropriate and necessary.

**Tramadol ER 200 mg #30: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75 and 82.

**Decision rationale:** Tramadol ER 200 mg #30 between 12/1/14 and 2/16/15. Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs

such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain." (Kumar, 2003) Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol can be used for chronic pain and for treatment of episodic exacerbations of severe pain. The diagnoses have included primary osteoarthritis and derangement of the medial meniscus. Currently, the injured worker complains of continued bilateral knee pain, which he describes as shooting, sharp aching pain. Per the note dated 2/19/14, he rated the pain an average of 8 on a 10-point scale. The pain was relieved with ice, rest and medication and exacerbated with use. On examination, the injured worker had an antalgic gait. There was decreased motor strength of the knee extension and hip flexion, decreased ankle dorsiflexion and decreased patellar reflex and decreased sensation in right knee. The injured worker exhibited positive McMurray's, Lachman's and anterior/posterior drawer tests. The patient continues to use a walker. The patient's surgical history includes bilateral knee surgery. The pt has chronic pain and the patient's medical condition can have intermittent exacerbations. This medical necessity of the request for Tramadol ER 200 mg #30 is deemed as medically appropriate and necessary.