

<b>Case Number:</b>	CM15-0132940		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	08/16/2010
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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:

This is a 66 year old male patient who sustained an industrial injury on 08/16/2010 resulting in injury to the right hand, thumb and shoulder, bilateral knees and low back. The diagnoses include right shoulder impingement syndrome, right shoulder acromioclavicular cartilage disorder, right shoulder subacromial/subdeltoid bursitis, bilateral degenerative joint disease, bilateral internal derangement of the knees, lumbar spine sprain or strain, and chronic lumbago. Per the doctor's note dated 06/11/2015, he had complaints of right shoulder pain with a severity rating of 5/10 and described as achy and pressure; constant right hand and thumb pain rated 3/10 and described as achy; lumbar spine pain rated 4/10 and described as pin-and needles feeling; and bilateral knee pain rated 9/10 with grinding pressure and instability; inability to straighten knees out completely. The physical exam revealed full range of motion (ROM) and full opposability with pain in the right shoulder, hand and thumb, restricted ROM in the bilateral knees, an antalgic gait, tenderness along the medial joint space, negative anterior and posterior drawer tests, restricted ROM in the lumbar spine, and inability to heel and toe walk. The medications list includes naproxen, keflex, tramadol and omeprazole. He has had a MRI of the right knee dated 3/14/12 which revealed extensive and severe medial and lateral intra-meniscal degenerative changes with near complete obliteration of the medial meniscus on the right, mild sprain of the anterior cruciate ligament and posterior cruciate ligament, moderately severe multi-compartmental degenerative joint disease and multiple areas of effusion and edema; X-rays of the cervical, thoracic, and lumbar spines, right shoulder and hand and bilateral knees; MRIs of the lumbar spine which revealed multilevel disc bulging in the lumbar spine with mild facet

arthropathy; MRI right wrist which revealed tear of the lunotriquetral ligament, tear of the scaphotrapezium ligament, subchondral edema and tendinosis and right shoulder MRI which revealed a superior labrum anterior posterior tear with an associated paralabral cyst adjacent to the posterosuperior labrum and osteoarthritis. He has undergone right thumb surgery in 2010. He has had physical therapy and injections for this injury. Plan of care includes a temporary increase in tramadol to 4 per day until the injured worker can get through this flare-up, and follow-up in 3 months. It was noted that the patient was awaiting surgery, which was approved by the insurance carrier but placed on hold due to the denial of pre-operative testing. The patient's work status remained on permanent restrictions. The request for authorization and IMR (independent medical review) includes: tramadol 50mg #120.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 prescription of Tramadol 50mg #120: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page 75, Central acting analgesics Page 82, Opioids for neuropathic pain Page(s): 74-96.

**Decision rationale:** 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 nor epinephrine. 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 use is recommended for treatment of episodic exacerbations of severe pain. According to the records provided patient had chronic right shoulder, right hand and thumb, lumbar spine and bilateral knee pain. He has had significant findings on physical examination, restricted ROM in the bilateral knees, an antalgic gait, tenderness along the medial joint space, negative anterior and posterior drawer tests, restricted ROM in the lumbar spine, and inability to heel and toe walk. He has had multiple diagnostic studies with abnormal findings. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. The request for 1 prescription of Tramadol 50mg #120 is medically appropriate and necessary to use as prn during acute exacerbations. Therefore, the request is medically necessary.