

<b>Case Number:</b>	CM15-0134425		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	08/02/2007
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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:

This injured worker is a 51 year old male who reported an industrial injury on 8/2/2007. His diagnoses, and or impression, were noted to include: chronic pain syndrome; sprain, popliteal cyst and internal derangement of the left knee; pain in the right ankle; and long-term use of medications with encounter for therapeutic drug monitoring. Recent x-rays of the bilateral knees were said to be done on 9/10/2014; magnetic imaging studies of the left knee and right ankle were said to be done on 5/30/2014; and electrodiagnostic studies were stated to have been done. His treatments were noted to include partial arthroscopic left knee meniscectomy on 12/19/2014; a home exercise program; medication management with toxicology screenings; and rest from work before being returned to modified duties. The progress notes of 6/2/2015 reported pain in the right ankle and left knee; persistent left knee pain and swelling and right ankle pain; that he was in school and expected to receive his Bachelor's degree and to become a Teacher's Assistant; that he was able to drive with the help of his current regimen; and wanted increased medications for complaints of more pain in the knee, especially after exercising. Objective findings were noted to include: that he appeared comfortable with no acute distress; tenderness to the left knee with complaints of pain with range-of-motion that was 90% normal; positive swelling, crepitus and synovial cyst in the left knee; swelling in the right foot; and review of the findings from the electrodiagnostic and imaging studies. The physician's requests for treatments were noted to include the continuation of Tramadol Hydrochloride Extended Release, as needed, for pain to avoid taking as much Norco, since it is a long-acting medication.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL cap 150mg ER #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol ER HCL 150mg # 90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are chronic pain syndrome; internal derangement left knee; pain in right ankle; and long-term use of medications. Date of injury is August 2, 2007. The request for authorization is June 15, 2015. The earliest progress note containing tramadol ER is dated December 30, 2014. The injured worker is also taking Norco 10/325mg along with Elavil. A urine drug toxicology screen dated January 27, 2015 was negative (inconsistent) for Tramadol despite ongoing prescriptions. The most recent progress note in the medical record dated June 2, 2015 indicates the treating provider is refilling tramadol ER to avoid taking as much Norco. This same language appeared in a December 2014 progress note. There is no clinical rationale in the medical record to support both Tramadol ER 150 mg and Norco. The documentation references "patches", but it is unclear whether this is a narcotic patch or some other type of patch. There was a peer-to-peer conference call between the treating provider and the utilization review provider. The utilization review provider indicated the injured worker's use of both Tramadol and Norco simultaneously or somewhat duplicative and not in the patient's best interest. The treating provider agreed that he would try to wean the tramadol and decreased the quantity to #60. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, Tramadol ER HCL 150mg # 90 is not medically necessary.