

<b>Case Number:</b>	CM15-0139548		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	10/12/2011
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 59 year old male, who sustained an industrial injury on 10/12/2011. He reported falling approximately fifteen feet off a ladder with loss of consciousness and concussion, rib fractures, right shoulder injury, left wrist fracture, lumbar spine injury, neck injury, left shoulder and bilateral knee injuries. Diagnoses include osteoarthritis, status post right shoulder arthroscopy, and multilevel lumbar disc disease. Treatments to date include activity modification, brace, anti-inflammatory, Tramadol, muscle relaxant, physical therapy, cortisone injections to knee joint, Supartz series, and epidural injections. Currently, he complained of left knee pain associated with popping. Current medication included Naproxen, Tramadol, and Metformin. On 7/3/15, the physical examination documented swelling and tenderness to the left knee with effusion. The radiograph image revealed severe degenerative changes throughout. The patellar grind and McMurray's tests were positive. The treating diagnosis included osteoarthritis. The appeal requested authorization for a prescription for Tramadol HCL 50mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective (dispensed 7/3/15) 1 prescription of Tramadol HCL 50mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, page 124.

**Decision rationale:** Tramadol is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the length of time the pain relief lasts, use and of drug screening with issues of abuse or addiction. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, an individualized taper is recommended. The submitted and reviewed records indicated the worker was experiencing left knee pain and problems walking. The recorded pain assessments contained few of the elements suggested by the Guidelines. There was no discussion detailing how this medication improved the worker's function, describing how often the medication was needed and used by the worker, exploring the potential negative side effects, or providing an individualized risk assessment. In the absence of such evidence, the current request for 30 tablets of tramadol 50mg for the date of service 07/03/2015 is not medically necessary. While the Guidelines support the use of an individualized taper to avoid withdrawal effects, the risks of continued use significantly outweigh the benefits in this setting based on the submitted documentation, and a wean should be able to be completed with the medication available to the worker.