

<b>Case Number:</b>	CM15-0163530		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	05/02/2003
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 68-year-old male who reported an industrial injury on 5-2-2003. His diagnoses, and or impressions, were noted to include: right knee osteoarthritis; localized primary osteoarthrosis involving the pelvic region and thigh, status-post total right hip replacement; left shoulder osteoarthritis, adhesive capsulitis, and joint pain. No current imaging studies were noted. His treatments were noted to include: diagnostic x-rays of the pelvic region and right knee; steroid injections - right knee; injection therapy - left shoulder (7-16-15); laboratory and cobalt chrome level studies; a knee brace; medication management; The progress notes of 4-16-2015 reported intermittent, moderate right knee pain for which a total knee arthroplasty was recommended by a consulting doctor; that he was metal-on-metal with his implant with noted heavy metal blood results and requesting re-testing; and that he was not currently working. Objective findings were noted to include: a normal gait; and decreased right hip range-of-motion. The physician's requests for treatments were noted to include that his medications were provided. The Utilization Review of 7-22-2015 noted the recommendation for the progressive, safe weaning of Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL CAP 150mg #60 x 30 days: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids criteria for use, opioid dosing Page(s): 76, 80, 86 and 76.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, Page(s): 76-80, 86.

**Decision rationale:** The claimant has a remote history of a work injury occurring in May 2003 and is being treated for right hip, left shoulder, and right knee pain. He has a history of a right total hip replacement and left total knee replacement. He has advanced right knee osteoarthritis and eight right total knee replacements are being recommended. When seen, he was having intermittent right hip pain rated at 4-5/10 occurring two times per week and often lasting all day. He preferred not to take medications. Physical examination findings include a BMI of nearly 30. He has decreased hip range of motion with a normal gait. Tramadol ER 150 mg #60 was prescribed. Tramadol ER is a sustained release opioid used for treating baseline pain. In this case, the claimant was having intermittent pain occurring two times per week consistent with somewhat predictable activity related breakthrough pain (i.e. incident pain). Prescribing a sustained release opioid was not indicated. The request is not considered medically necessary.