

Case Number:	CM15-0181722		
Date Assigned:	09/23/2015	Date of Injury:	06/08/2011
Decision Date:	11/10/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/15/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 51 year old male with an industrial injury date of 06-08-2011. Medical record review indicates he is being treated for right total knee replacement 06-05-2015, knee-industrial injury with grade II lateral intrameniscal tear posterior horn, status failed knee surgeries and compensatory injury, left knee osteoarthritis with grade 3 chondromalacia, cartilage thinning and fissuring of the medial facet. Subjective complaints (07-30-2015) "constant" right knee pain, which has been improving with laser, prescription medication and topical cream. The pain is described as 2 to 3-4 out of 10. It is described as "best " during the mornings and worst while moving around, walking, squatting and during prolonged standing. His medications include Advair, Ventolin, Flurbiprofen, Diclofenac and Tramadol ER. Prior medications included Diclofenac and topical creams. Review of medical records does not indicate the use of Tramadol until the 07-30-2015 note when the treating physician documented to continue Tramadol. Prior treatment included physical therapy, Synvisc injections times 3, knee brace and laser therapy. Physical exam (07-30-2015) findings included pinwheel testing revealed hypoesthesia over the right lumbar 3, lumbar 5 and sacral 1 dermatome. Palpation over the knee region produced "slight (2 -4)" pain over the medial suprapatellar and infrapatellar regions. Gait was antalgic and the injured worker was wearing a right knee brace. The treatment request is for Tramadol HCL cap 150 mg ER; Day supply 30; #30. On 09-03-2015 the request for Tramadol HCL cap 150 mg ER; Day supply 30; #30 was non-certified by utilization review.

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; Days supply 30; #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, criteria for use.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 93-94, Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. Tramadol is considered a second line agent when first line agents such as NSAIDs fail. A recent Cochrane review found that this drug decreased pain intensity, produced symptom relief and improved function for a time period of up to three months but the benefits were small (a 12% decrease in pain intensity from baseline). Adverse events often caused study participants to discontinue this medication, and could limit usefulness. There are no long-term studies to allow for recommendations for longer than three months. (Cepeda, 2006) Similar findings were found in an evaluation of a formulation that combines immediate-release vs. extended release Tramadol. Adverse effects included nausea, constipation, dizziness/vertigo and somnolence. (Burch, 2007) Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Based on the records from 7/30/15 there is no indication of functional improvement with the use of tramadol and no comparison to previous pain ratings to indicate improvement with use of tramadol. Therefore, use of Tramadol is not medically necessary and it is noncertified.