

Case Number:	CM15-0183553		
Date Assigned:	09/24/2015	Date of Injury:	11/06/2007
Decision Date:	11/06/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/18/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63 year old male, who sustained an industrial injury on 11-6-2007. The injured worker was being treated for internal derangement of knee not elsewhere classified-bilateral, joint replaced right knee, sprain and strain lumbar region, and pain psychogenic not elsewhere classified. On 9-1-2015, the treating physician noted chronic right greater than left knee pain and low back pain. The injured worker's pain is worsened by walking, climbing stairs, walking up a hill, and cold weather. His pain improved with rest and medications. The injured worker reported that his pain decreased from 8 out of 10 to 3 out of 10 with the use of Tramadol. The injured worker was able to walk 2-3 blocks for exercise and perform activities of daily living better with less pain. On 9-1-2015, the treating physician noted that the prior physical exam revealed an antalgic gait, intact sensation to the lower extremities, negative straight leg raise, lumbar spine spasm and guarding, and 5 out of 5 motor strength to hip flexion and extension, knee flexion and extension, ankle eversion and inversion, and extensor hallucis longus. There was tenderness over the right knee joint line, surgical scars, and a right knee brace was being worn. An updated and signed opioid contract between the injured worker and provider and a risk assessment profile were not included in the provided medical records. Per the treating physician (8-24-2015 report), a urine drug screen was administered, but the results were not included in the provided medical records. Surgeries to date have included a right total knee arthroplasty in 2009. Treatment has included physical therapy, a home exercise program, a functional restoration program (FRP), a cane, a knee brace, and medications including oral pain (Tramadol since at least May 2015) and topical pain (Voltaren). Per the treating physician (8-24-2015 report), the

injured worker is permanently disabled. The requested treatments included Tramadol 50mg #90. On 9-10-2015, the original utilization review non-certified a request for Tramadol 50mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, #90: Overturned

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): Medications for chronic pain, Opioids, criteria for use.

Decision rationale: The 63 year old patient complains of chronic bilateral knee pain, as per progress report dated 08/24/15. The request is for TRAMADOL 50mg, #90. The RFA for this case is dated 09/01/15, and the patient's date of injury is 11/06/09. The patient is status post total right knee arthroplasty on 09/12/09, as per progress report dated 08/24/15. Diagnoses included bilateral internal knee derangement and long-term medication use. Medications included Voltaren gel, Cialis, Tramadol, Amlodipine, Glipizide, Lantus and Lipitor. The patient's work status has been documented as permanent and stationary with permanent disability. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria for Use of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, page 113 regarding Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. In this case, a prescription for Tramadol is first noted in progress report dated 03/30/15. It is not clear when the medication was initiated. As per progress report dated 07/23/15, the patient was switched from Tramadol to Morphine sulfate as Tramadol was denied. However, this led to side effects. The patient has also used Vicodin in the past, as per progress report dated 08/24/15. Tramadol helps reduce pain from 8/10 to 3/10, as per the 07/23/15 report. The treater also states that Tramadol helps the patient "walk for about 2-3 blocks for exercise. He was able to perform activities of daily living better with less pain." There are no side effects associated with the use of this medication. In progress report dated 03/30/15, the treater states that the patient is able to "walk and stand about 50% further when he uses the medication he is able to exercise and tolerate exercise about 50% longer including walking and riding a stationary bike." As urine drug screen was administered

during the 08/24/15 visit. In an appeal letter dated 09/01/15, the treater states that UDS is consistent and there is no aberrant behavior. Additionally, the patient has high blood pressure and cannot take NSAIDs. Given the clear documentation regarding impact of Tramadol on 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, as required by MTUS for continued use, the request IS medically necessary.