

Case Number:	CM15-0183560		
Date Assigned:	09/24/2015	Date of Injury:	08/02/2012
Decision Date:	10/29/2015	UR Denial Date:	08/27/2015
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 37-year-old male with an industrial injury date of 08-02-2012. Medical record review indicates he is being treated for unspecified internal derangement of knee, injury of cruciate ligament of knee, intermediate grade partial tear of the AC ligament and knee pain. Subjective complaints (08-08-2015) included left knee pain associated with tingling, numbness and weakness in the left leg. The pain is described as "constant in frequency and severe in intensity." The pain rating is documented as 9 out of 10, at its best 7 out of 10 and 10 out of 10 at its worst. His "average" level of pain in the last seven days was documented as 8 out of 10. "The pain is relieved with current medications." "With regard to functional limitations during the past month, the patient avoids physically exercising because of his pain." Other reported symptoms were intermittent heartburn and nausea. Pain ratings documented in the 07-11-2015 and 05-09-2015 note are the same as documented in the 08-08-2015 note. Physical exam (08-08-2015) revealed an antalgic gait pattern and limping on the left without the use of an assistive device. The treating physician documented the injured worker was able to put his on and take his shoes off independently and was able to transfer on and off the examination table independently. Other finding included left knee range of motion to forward flexion was 20 degrees and extension was 20 degrees. There was no bony deformity and erythema. There was edema and tenderness to palpation over the medial-lateral joint lines. There was a positive anterior drawer test and positive posterior drawer test. The treating physician recommended left knee arthroscopy and Tramadol. Work status was "modified duty with restrictions however his work place can't accommodate the required restrictions; hence the patient is temporarily totally disabled." His medications included Tramadol (since at least 10-22-2014), Nabumetone, Omeprazole and Effexor. Prior treatment included Kenalog injection in left knee, anti-inflammatory medication, pain medication, physical

therapy 7 sessions "which provided excellent but temporary relief." The treatment request is for Tramadol HCL Cap 150 mg ER Every Day #30, 30 Day Supply. On 08-27-2015 the request for Tramadol HCL Cap 150 mg ER Every Day #30, 30 Day Supply was modified by utilization review to Tramadol ER 150 mg every day # 30, 30 day supply, dispensed 08-08-2015 for the purpose of weaning to discontinue with a reduction of med by 10%-20% per week over a weaning period of 2-3 months.

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 Every Day #30, 30 Day Supply: 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, criteria for use, Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain.

Decision rationale: Review indicates the request for Tramadol was modified for weaning purposes. The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 2012 injury without acute flare, new injury, or progressive neurological deterioration. The Tramadol Hcl Cap 150mg ER Every Day #30, 30 Day Supply is not medically necessary and appropriate.