

<b>Case Number:</b>	CM15-0185817		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	12/24/2012
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Preventive Medicine, Occupational 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 30 year old male, who sustained an industrial injury on 12-24-12. He reported bilateral knee pain right greater than left. The injured worker was diagnosed as having chronic lumbar musculoligamentous sprain or strain, rule out lumbar herniated disc, rule out lumbar instability, sciatic neuritis right greater than left, lumbar radiculopathy right greater than left, chronic bilateral knee sprain or strain, right knee anterior cruciate ligament tear with bucket handle tear of the medial meniscus and internal derangement, patellar tendinitis right greater than left, right knee chondromalacia patella, chronic bilateral foot and ankle sprain or strain, bilateral ankle tenosynovitis, and chronic myofascitis, myalgia, and myospasms of the thoracolumbar and lumbosacral paravertebral musculature. Treatment to date has included physical therapy, TENS, a home exercise program, and medication including Advil, Prilosec, Lidocaine patches, Theramine, and Tramadol ER. On 8-27-15 the treating physician noted the injured worker had difficulties with the following activities of daily living: self-care and hygiene, communication, sensation, reduced hand function, travel, sex, and sleep. On 7-14-15 pain was rated as 8 of 10. On 8-27-15 low back pain was rated as 6 of 10, bilateral knee pain was rated as 7 of 10, and bilateral foot and ankle pain was rated as 5 of 10. The injured worker had been taking Tramadol ER since at least June 2015. On 8-27-15, the injured worker complained of pain in the low back, bilateral knees, bilateral feet, and bilateral ankles. On 8-20-15 the treating physician requested authorization for Tramadol ER 150mg #30. On 8-27-15 the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150 MG #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, Weaning of Medications.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Tramadol since at least June, 2015 without objective documentation of functional improvement or significant decrease in pain. Additionally, there is no evidence of an initial drug screen, opioid contract, risk assessment, or opioid progress report within the available documentation. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Tramadol ER 150 MG #30 is determined to not be medically necessary.