

<b>Case Number:</b>	CM15-0196455		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	02/16/2011
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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: Emergency 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 49 year old male, who sustained an industrial injury on 2-16-11. The injured worker is being treated for internal derangement of knee on left, internal derangement of knee on right, discogenic lumbar condition, chronic pain and depression. Treatment to date has included 24 physical therapy visits, left knee surgery, transcutaneous electrical nerve stimulation (TENS) unit, cortisone injections to the knee, Hyalgan injections to right knee, oral medications including Ultracet, Lunesta, Naproxen, Effexor and Tramadol ER 100mg (since at least 4-16-15 without indication of improvement with use) and activity modifications. A urine drug screen was not submitted for review. On 7-31-15 and 8-31-15, the injured worker presents for right and left pain. He notes he is doing some chores around the house, cannot walk more than 2 blocks and cannot lift more than 20 pounds. Documentation does not include pain level prior to and following administration of medications or duration of pain relief. Work status is noted to be permanently disabled. On 7-31-15 and 8-31-15 physical exam performed revealed tenderness along the patella as well as inner joint line along the right and some along the left with positive McMurray's test especially on right side; no instability is noted. The treatment plan included request for authorization for Ultracet 37-325mg #60, Lunesta 2mg #30, Naproxen 550mg #60, Tramadol ER 100mg #30 and Effexor XR 75mg #60. On 9-10-15 request for Tramadol ER 100mg #30 was modified to #27 by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 100mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, specific drug list.

**Decision rationale:** The requested Tramadol ER 100mg #30, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first- line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has bilateral knee pain, and has tenderness along the patella as well as inner joint line along the right and some along the left with positive McMurray's test especially on right side; no instability is noted. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Tramadol ER 100mg #30 is not medically necessary.