

<b>Case Number:</b>	CM15-0204868		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	12/18/2012
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	09/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 48 year old male, who sustained an industrial injury on 12-18-2012. He has reported injury to the bilateral knees. The diagnoses have included bilateral knee derangement and patellofemorala disease; status post right knee arthroscopy, meniscectomy, and debridement, on 11-07-2014; and status post left knee arthroscopy, meniscectomy, and debridement, on 03-06-2015. Treatment to date has included medications, diagnostics, activity modification, acupuncture, physical therapy, Orthovisc injections, and surgical intervention. Medications have included Norco, Tramadol, Meloxicam, Amitriptyline, Voltaren Gel, and Omeprazole. A progress report from the treating physician, dated 09-01-2015, documented a follow-up visit with the injured worker. The injured worker reported that he continues to note improvement in knee pain following his Orthovisc injections with another provider; "he feels that the Orthovisc injection did subside his pain levels by 50%"; he continues to have pain in both knees, left greater than right; he continues to participate in physical therapy; he notes improvement in range of motion; he rates his pain a 6-7 or 7 out of 10 in intensity with the use of medications. He rates his pain a 9-10 or 8 out of 10 in intensity without medications. He has been approved for Tramadol, Omeprazole, and Amitriptyline; and he does note improvement in function with his current medication. Objective findings included he appears to be in no acute distress while seated; his gait is antalgic and unassisted; left knee has well-healed scars noted; there is mild tenderness over the medial and lateral joint line; there is no redness or swelling; right knee has well-healed surgical scars; range of motion is intact; non-tender to palpation; he has a signed pain medication agreement; and he demonstrates no drug-seeking behavior. The

treatment plan has included the request for one (1) prescription of Tramadol 50mg #60; and one (1) urine drug screen. The original utilization review, dated 09-19-2015, non-certified the request for one (1) prescription of Tramadol 50mg #60; and one (1) urine drug screen.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **One (1) prescription of Tramadol 50mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, psychological intervention, Opioids, screening for risk of addiction (tests), Opioids, specific drug list, Opioids, steps to avoid misuse/addiction, Weaning of Medications.

**Decision rationale:** Tramadol is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions.

Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the length of time the pain relief lasts, use and of drug screening with issues of abuse or addiction. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, an individualized taper is recommended. The submitted and reviewed records indicated the worker was experiencing pain in both knees. The recorded pain assessments contained few of the elements suggested by the Guidelines. There was no discussion describing how often the medication was needed and used by the worker, exploring the potential negative side effects, or describing special circumstances that sufficiently supported this request. Further, there is conflicting documentation of the worker's pain intensity with and without medication. For these reasons, the current request for 60 tablets of Tramadol 50mg is not medically necessary. While the Guidelines support the use of an individualized taper to avoid withdrawal effects, the risks of continued use significantly outweigh the benefits in this setting based on the submitted documentation, and a wean should be able to be completed with the medication available to the worker.

#### **One (1) urine drug screen: 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, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, criteria for use, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, screening for risk of addiction (tests), Opioids, steps to avoid misuse/addiction.

**Decision rationale:** The MTUS Guidelines encourage the use of urinary drug screen testing before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications who have issues with abuse, addiction, or poor pain control. The Guidelines support the use of random urinary drug screens as one of several important steps to avoid misuse of these medications and/or addiction. The submitted and reviewed records indicated the worker was experiencing pain in both knees. Treatment recommendations included the use of a restricted opioid medication. While the Guidelines generally support attentive restricted medication monitoring for addiction and diversion, the pain assessment documented most recent to this request had conflicting reports of the worker's pain intensity with and without pain medication and suggested the worker was requesting alternate treatment. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a urine drug screen is not medically necessary.