

<b>Case Number:</b>	CM15-0223750		
<b>Date Assigned:</b>	11/19/2015	<b>Date of Injury:</b>	03/06/2002
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	11/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 51 year old male, who sustained an industrial injury on 3-6-02. The injured worker was diagnosed as having right knee status post arthroscopic partial synovectomy with resection of medial plica and left knee status post arthroscopic partial synovectomy resection of medial plica and chondroplasty. Subjective findings (1-13-15, 4-7-15 and 7-22-15) indicated significant bilateral knee pain, right greater than left. There is no documentation of current pain level or pain level with and without medications. Objective findings (1-13-15, 7-22-15) revealed small effusions bilaterally and full extension bilaterally. As of the PR2 dated 10-21-15, the injured worker reports significant bilateral knee pain. Objective findings include small effusions bilaterally, anteromedial pain in the right knee and maximal flexion in the left knee with anterolateral pain. Current medications include Diclofenac and Ultracet (since at least 7-22-15). Treatment to date has included a knee brace and Elavil. The Utilization Review dated 11-10-15, non-certified the request for Tramadol-APAP 37.5-325mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol/APAP 37.5/325mg #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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, tramadol/APAP 37.5/325 mg #30 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are right knee status post arthroscopic partial synovectomy with resection of medial plica; left knee status post arthroscopic partial synovectomy, resection of medial plica and chondroplasty. Date of injury is March 6, 2002. Request for authorization is October 21, 2015. According to the utilization review, Ultracet was prescribed as far back as 2013. Tylenol #4 was prescribed as far back as 2006. According to a progress note dated May 15, 2014, Ultracet was prescribed to the injured worker. According to the most recent progress note dated October 21, 2015, subjective complaints include significant bilateral knee pain, right greater than left. The worker takes medication and uses braces. Objectively, there is a small effusion in the injured worker ambulates with a cane. Range of motion is decreased. The treating provider prescribes Voltaren and Ultracet. According to the utilization review, tapering was recommended August 11, 2014, UR #1093980. A recent certification was granted April 28, 2015, UR #1130195 pending documentation demonstrating objective functional improvement. There is no documentation in the medical record demonstrating objective functional improvement. There are no detailed pain assessments or risk assessments. There is no documentation indicating an attempt at weaning Ultracet. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, tramadol/APAP 37.5/325 mg #30 is not medically necessary.