

<b>Case Number:</b>	CM15-0053218		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	04/16/2012
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: Minnesota, Florida  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 61 year old female who sustained an industrial injury on 04/16/12. Initial complaints and diagnoses are not available. She has osteoarthritis of both knees. Treatments to date include steroid injections in the left knee, left knee surgery for chondromalacia and degenerative tears of the medial and lateral menisci, and medications including Celebrex, Omeprazole, Tramadol, and Mobic. Diagnostic studies include MRIs of the left knee. Current complaints include right knee and thigh pain. In a progress note dated 01/16/15 the treating provider reports the plan of care as continued Mobic and Tramadol. The requested treatments are Mobic and Tramadol. Utilization Review modified the Tramadol to a weaning dose and non-certified Mobic because of a timing issue as there was a refill left on the prior prescription.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Meloxicam 7.5mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAINs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Meloxicam Page(s): 67, 72.

**Decision rationale:** NSAIDs including Meloxicam are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, particularly in osteoarthritis of the knee and hip. It is used in particular for those patients with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen particularly for patients with moderate to severe pain. The documentation indicates that the injured worker has pain levels as high as 8-9/10 at times. She has osteoarthritis in both knees. She has had arthroscopic surgery on her left knee that did not help. Corticosteroid injections are documented. She clearly needs some analgesic and based upon the history of osteoarthritis in both knees, and the history of gastroesophageal reflux disease, the prescription for meloxicam is appropriate and the medical necessity is established. The guidelines indicate the usual dose is 7.5 mg daily and 15 mg per day is the maximum dose. As such, the request for Meloxicam 7.5mg #30 is medically necessary.

**Tramadol 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 74, 78, 79, 83, 124.

**Decision rationale:** Tramadol is an opioid. Opioids are not recommended as a first line therapy for osteoarthritis. Short-term use is recommended on a trial basis after there has been evidence of failure of first line nonpharmacologic and medication options such as acetaminophen or NSAIDs. Long-term use is under study as there are no long-term trials. There is a lack of evidence to allow for long-term treatment recommendation. The criteria for use of opioids should be followed. These include monitoring of the 4 A's including analgesia, activities of daily living, adverse side effects, and aberrant drug-seeking behaviors. Prescriptions from a single practitioner and single pharmacy, a pain diary, use of drug screening, documentation of misuse, a pain contract, and random urine testing. The documentation provided does not indicate that such monitoring is being done. As such, weaning is recommended. For opioids a slow taper is recommended. The longer the patient has taken opioids the more difficult they are to taper. In light of the above, the request for tramadol is not medically necessary.