

<b>Case Number:</b>	CM15-0084235		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	01/31/2003
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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 71 year old female patient who sustained an industrial injury on 01/31/2003. A primary treating office visit dated 03/05/2015 reported the patient with a chief complaint of increased pain in bilateral knees, abdominal pain and she is very depressed. She has subjective complaint of worsening knee pains along with nausea, vomiting and constipation. She is having pain, bleeding and swelling from the colostomy site. She reports taking Fentanyl for pain. Objective findings showed the patient ambulating with a walker. The left knee is with restricted range of motion with flexion limited to 100 degrees due to pain and extension limited to -25 degrees also due to pain. There is also tenderness to palpation over the patella. The abdomen on inspection showed large, protruding abdomen. The following diagnoses are applied: colostomy or enterostomy mechanical complication; loose body in knee; traumatic arthropathy of site not classified, and depressive disorder. The plan of care involved: recommending a home care giver, general surgeon referral, psychiatrist consultation, and a pain management visit. A primary treating office visit dated 09/19/2014 reported subjective complaint of bilateral knee pain persisting. She is diagnosed with: left total knee arthroscopy 10/25/2012; right total knee arthroscopy on 09/12/2011, right knee osteoarthritis. Medications are: Mobic, Voltaren gel and Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg twice a day #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 119.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, page 124.

**Decision rationale:** Ultram (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 increased pain in both knees, abdominal pain, nausea with vomiting, constipation, and bleeding from the colostomy. The recent documented pain assessments were minimal and included few of the elements encouraged by the Guidelines. There was no description of how often this medication was needed and taken, documented exploration of potential negative effects despite the worker reporting that constipation was an issue, or detailed individualized risk assessment. Further, the worker's pain was described as increased but the treatment recommendations did not change the pain regimen or provide a reason for this. For these reasons, the current request for sixty tablets of tramadol 50mg taken twice daily 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.

**Fentanyl 75mcg patch, 2 patches Lumbar Spine every 72 hours #20: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74, 81, 82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, page 124.

**Decision rationale:** The fentanyl patch 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 active monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. 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 frequency medications are used, and the length of time the pain relief lasts. 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 of medication is recommended to avoid withdrawal symptoms. The submitted and reviewed documentation indicated the worker was experiencing increased pain in both knees, abdominal pain, nausea with vomiting, constipation, and bleeding from the colostomy. The recorded pain assessments were minimal and contained few of the elements suggested by the Guidelines. There was no discussion detailing how this medication improved the worker's function, describing how often the medication was needed and used by the worker, exploring the potential negative side effects despite the worker reporting that constipation was an issue, or providing an individualized risk assessment. In the absence of such evidence, the current request for twenty fentanyl 75mcg/h patches changed every 72 hours for the lumbar spine region is not medically necessary.