

<b>Case Number:</b>	CM14-0127114		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	10/25/1998
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Alabama. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is 59 year old female who sustained an injury to her neck and bilaterally knee pain on 10/25/2008. The patient underwent right knee arthroscopy, chondroplasty and meniscectomy on 08/14/2012. Progress report dated 07/29/2014 states the patient presented with complaints of neck and knee pain rated as an 8/10. She was taking Ultram 2 tabs and Neurontin 300 mg which decreased her pain from a 9/10 to 4/10 and allowed her to work and perform activities. On exam, her neck revealed decreased range of motion with pain exhibiting flexion at 70% and positive myospasm bilaterally superior trapezius and paraspinal spasms with tenderness to palpation. The patient is diagnosed with Cervicobrachial syndrome, impingement syndrome, adhesive capsulitis and lateral epicondylitis. The patient was prescribed Neurontin 300 mg and Ultram 50 mg. Prior utilization review dated 08/05/2014 states the request for Ultram 50mg, 2 tabs QD, number of refills not specified, for the neck and bilateral knee pain is denied as it is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg, 2 tabs QD, number of refills not specified, for the neck and bilateral knee pain:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th edition McGraw Hill, 2010 Physician's desk Reference, 68th ed.

www.RXlist.comODG Worker's Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm drugs.com

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Opioids Page(s): 93-94, 78.

**Decision rationale:** The above MTUS guidelines for Tramadol state that it is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The above MTUS guidelines for on-going management of opioids states that ongoing review and documentation of pain relief should include functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs" as well as a recommendation for "Use of drug screening." In this case, although there is mention of the opioid effects on analgesia, function, and adverse effects, there is no provided documentation of occurrence of potentially aberrant drug-related behaviors. There is no indication of a written control substance agreement or urine drug screening. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.