

<b>Case Number:</b>	CM14-0148433		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	04/13/2010
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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 Internal Medicine, has a subspecialty in Nephrology and is licensed to practice in California. 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 a 53-year-old male, who has submitted a claim for internal derangement, both knees associated with an industrial injury date of April 13, 2010. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of knee pain, with a pain scale of 6-8/10 more on the right than left. Walking and standing aggravate pain. Physical examination of the knee showed grade 1 edema in the right knee. Knee extension was 180 degrees while flexion was 120 degrees, bilaterally. X-ray of the right knee done on January 5, 2014 showed degenerative narrowing of the medial femorotibial joint space. There was cortical irregularity with adjacent sclerosis at the medial aspect of the proximal tibial shaft, which may represent old healed fracture deformity. Mild narrowing of the patellofemoral joint space was also noted. X-ray of the left knee done on January 5, 2014 showed degenerative osteosclerosis of the medial tibial articular surface. There was degenerative marginal osteophyte off the patellar lower pole posteriorly. Degenerative narrowing of the patellofemoral joint space was also noted. Elongated metallic density in the soft tissues just superior to the lateral epicondyle of the femur was noted. MRI of the lumbar spine done on March 2012 showed bulging at the L2-L3, L3-L4 and L4-L5. Treatment to date has included knee surgery, Naproxen, Norco (since 2013), Flexeril, Lisinopril, Tramadol (since 2013) physiotherapy and hyalgan injection of the right knee. Utilization review from August 29, 2014 denied the request for retrospective request for tramadol ER 150mg #30 (DOS 8/19/2014), Tramadol ER 150mg #30, Tramadol ER 200mg #30 and Tramadol ER 200 mg #30 because Tramadol is not recommended for more than 3 months use. Functional improvement was not reported since the patient used Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Retrospective request for tramadol ER 150mg #30 (DOS 8/19/2014): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78-81.

**Decision rationale:** As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are no trials of long-term opioid use in neuropathic pain. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. 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. 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. In this case, the patient has been on opioids since 2013 for the management of his knee pain. Progress notes reviewed showed that there was no improvement in the functional status of the patient or was there measurable outcome of pain relief. Pain management plan and pain contract were likewise not seen. The four domains of opioid use were not met. Therefore, the request for 1 retrospective request for Tramadol ER 150mg #30 (DOS 8/19/2014) is not medically necessary.

**1 Prescription of Tramadol ER 150mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78-81.

**Decision rationale:** As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are no trials of long-term opioid use in neuropathic pain. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. 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. 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. In this case, the patient has been on opioids since 2013 for the management of his knee pain. Progress notes reviewed showed that there was no improvement in the functional status of the patient or was there measurable outcome of pain relief. Pain management plan and pain contract were likewise not seen. The four domains of opioid use were not met. Therefore, the request for 1 prescription for Tramadol ER 150mg #30 is not medically necessary.

## **1 Prescription of tramadol ER 200mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78-81.

**Decision rationale:** As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are no trials of long-term opioid use in neuropathic pain. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. 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. 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. In this case, the patient has been on opioids since 2013 for the management of his knee pain. Progress notes reviewed showed that there was no improvement in the functional status of the patient or was there measurable outcome of pain relief. Pain management plan and pain contract were likewise not seen. The four domains of opioid use were not met. Therefore, the request for 1 prescription for Tramadol ER 200mg #30 is not medically necessary.

## **Retrospective request for Tramadol ER 200mg #30 (DOS 8/19/2014): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78-81.

**Decision rationale:** As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are no trials of long-term opioid use in neuropathic pain. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. 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. 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. In this case, the patient has been on opioids since 2013 for the management of his knee pain. Progress notes reviewed showed that there was no improvement in the functional status of the patient or was there measurable outcome of pain relief. Pain management plan and pain contract were likewise not seen. The four domains of opioid use were not met. Therefore, the retrospective request for Tramadol ER 200mg #30 (DOS 8/19/2014) is not medically necessary.