

<b>Case Number:</b>	CM14-0095243		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/18/2008
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 Arizona. 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 63-year-old female who suffered a work-related injury on 3/18/2008. Since the work-related injury she has complained of significant pain in both knee joints right side being more prominent. She has also complained of numbness and tingling in the lower extremities as well as back pain. She has undergone physical and aquatic therapy. The diagnosis of internal derangement of the knee bilaterally has been made. She also carries a diagnosis of lumbar disc degeneration documented on the MRI. There is element of weight gain, depression and sleep deprivation. She is rather in active. The patient's pain has been managed with hydrocodone/acetaminophen as well as sustained-release tramadol. She claims that hydrocodone decreases the pain level to 2/10. The treating physician has requested continued use of hydrocodone as well as the tramadol. Continued use of tramadol ER has not been approved by the physician reviewer. This is the area of conflict.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg tablets #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 84.

**Decision rationale:** Combined use of tramadol along with other opiates is not desirable due to the increased risk for seizure and other side effects such as nausea, somnolence and dizziness. Moreover this patient's pain is adequately controlled with one medication such as hydrocodone/acetaminophen. Therefore there is no clear-cut indication to add a second drug especially in view of the significantly increased side effect profile with combination drugs.