

<b>Case Number:</b>	CM14-0216210		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	04/19/2012
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2014

### 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. 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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 49 year old male sustained a work related injury on 04/19/2012. According to Utilization Review, the injury occurred while packing rebar. According to an office visit dated 11/10/2014, the injured worker was being re-evaluated regarding his left knee pain. Pain was described as aching and stabbing in the medial and posterior aspects of the left knee. The pain was worse with prolonged walking, bending of the knee and lifting. Pain was better with medications. Pain was rated an 8 on a scale of 0-10 without pain medications and a 6 with pain medications. Pain was unchanged since his previous visit. Examination of his left knee revealed swelling in the medial aspect and posterior aspect. There was decreased flexion due to increased pain. There was tenderness at the medial and lateral joint line and tenderness to the posterior and proximal knee. There was no laxity. Mild crepitus was noted. A MRI of the left knee dated 10/13/2014 revealed complex tearing at the posterior horn and body segment of the medial meniscus with associated moderate osteoarthritic changes at the medial femorotibial compartment and a focal area of full thickness cartilage loss at the peripheral aspect of the medial tibial plateau with underlying marrow changes. There was a low to moderate grade sprain involving the proximal to mid portion of the medial collateral ligament. There was probable injury to deep medial meniscofemoral and deep medial meniscotibial ligaments which were poorly defined on this study. Intact cruciate ligaments, moderate joint effusion and tiny popliteal cyst without synovitis or intraarticular ossific bodies and no other internal derangement was noted. The injured worker's active problem list included knee pain, status post arthroscopic surgery of the left knee, chronic pain syndrome and osteoarthritis of the left knee. Urine drug screening reports were

submitted for review and included 3 reports dated 09/11/2014, 10/09/2014 and 11/10/2014. The provider reviewed a urine toxicology screen that was performed on 10/09/2014. The results were positive for tramadol and negative for all other substances. According to the provider this was consistent with what was being prescribed. His medication regimen included Ultracet 37.5mg one tab by mouth every 8 hours as needed for pain, tramadol HCL 100mg one cap by mouth twice daily, Prilosec 20mg one cap by mouth daily and Anaprox 550mg on tab by mouth twice daily as needed. Work restrictions included sitting, walking and standing no more than 4 hours a day and no running or jumping. According to a progress report dated 01/07/2015, pain was getting worse and he was more limited in his activities. According to the provider, the injured worker had not been taking tramadol ER or Ultracet because they had been denied. His pain was noted to be worse since his previous appointment. He also reported depression caused by the delay and denial of his treatment. On 12/15/2014, Utilization Review modified Ultracet 37.5/325mg 90 tablets and Tramadol ER 100mg 60 tablets. The request was received 12/10/2014. According to the Utilization Review physician, there was no documented objective functional improvement with the use of the opioids to warrant their continued use. A recent urine drug screen to monitor for any aberrant or non-adherent drug-related behaviors revealed negative results for opiates. In anticipation of the requesting physician creating a suitable tapering schedule for monitored tapering of the Tramadol and Ultracet, the request is partially certified. Guidelines referenced for this review included CA MTUS Guidelines Knee Complaints and Chronic Pain Medical Treatment Guidelines. The decision was appealed for an Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **90 Tablets of Ultracet 37.5/325mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter, Opioids, specific drug list

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 83.

**Decision rationale:** Ultracet 37.5/325mg #90 is not medically necessary. Ultracet is name brand for Tramadol with Acetaminophen. Tramadol is a centrally-acting opioid. Per MTUS page 83, opioids for osteoarthritis are recommended for short-term use after failure of first line non-pharmacologic and medication option including Acetaminophen and NSAIDS. Additionally, Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the claimant continued to report pain. Given Tramadol is a synthetic opioid, its use in this case is not medically necessary. The claimant has long-term use with this medication and there was a lack of improved function or return to work

with this opioid and all other medications; therefore, the requested medication is not medically necessary.

**60 Tablets of Tramadol ER 100mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter, Opioids, specific drug list

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 83.

**Decision rationale:** Tramadol ER 100 mg # 60 is not medically necessary. Tramadol is a centrally- acting opioid. Per MTUS page 83, opioids for osteoarthritis are recommended for short-term use after failure of first line non-pharmacologic and medication option including Acetaminophen and NSAIDS. Additionally, Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the claimant continued to report pain. Given Tramadol is a synthetic opioid, its use in this case is not medically necessary. The claimant has long-term use with this medication and there was a lack of improved function or return to work with this opioid and all other medications; therefore the requested medication is not medically necessary.