

<b>Case Number:</b>	CM15-0163910		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	04/02/2010
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 58 year old female who sustained an industrial injury 04-02-10. A review of the medical records reveals the injured worker is undergoing treatment for chronic pain syndrome and pain in the joint lower leg. Medical records (07-24-15) reveal the injured worker complains of bilateral knee pain and difficulty sleeping. The physical exam (07-24-15) reveals tenderness to palpation over the right knee medial joint line and the left knee anterior joint. Prior treatment includes right knee surgery in 2010 and a Functional Restoration Program. The treating provider reports that the left knee pain is due to compensating for the right side. The original utilization review (08-05-15) non-certified the request for trazodone 50mg #90 and tramadol/APAP 37.5/325 #90. The only progress notes submitted for review are from 07-24-15. This review is unable to determine how long the injured worker has been on trazodone or tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone 50mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Stress & Mental health chapter, Trazodone.

**Decision rationale:** The records indicate the patient has chronic bilateral knee pain following arthroscopic knee surgery for meniscus debridement. The records also indicate the patient has more recently been experiencing insomnia. The current request is for Trazodone 50mg #90. The supplemental report dated 8/19/15 states, "she is having some difficulty with sleeplessness. We have prescribed Trazodone to help her with insomnia." ODG stress & mental health chapter says: "Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See also Insomnia treatment, where it says there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression." In this case, the medical records made available for review do suggest that the patient has coexisting mild psychiatric symptoms including anxiety. This was mentioned in the 7/27/15 progress report. As such, the medical records do establish medical necessity for the request of Trazodone 50mg #90. The current request is medically necessary.

**Tramadol/APap 37.5/325mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** The records indicate the patient has chronic bilateral knee pain following arthroscopic knee surgery for meniscus debridement. The records also indicate the patient has more recently been experiencing insomnia. The current request for consideration is Tramadol APAP 37.5/325mg #90. As per MTUS guidelines, the criteria for use of opioids in the management of chronic pain include: prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy; ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The 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. In this case, the attending physician does note that the medication reduces the patient's pain by 50% and allows her to stand and ambulate for longer periods of time. The records also indicate that the patient is working. The records indicate the patient denies any adverse effects. She has not had success with NSAIDs. She has an up to date and consistent urinary drug screen. She has no issues of abuse or of aberrant behavior. The medical records do establish medical necessity for the current request of Tramadol APAP 37.5/325 mg #90. The current request is medically necessary.