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| <b>Case Number:</b>   | CM15-0026307 |                              |            |
| <b>Date Assigned:</b> | 02/18/2015   | <b>Date of Injury:</b>       | 07/01/2013 |
| <b>Decision Date:</b> | 04/01/2015   | <b>UR Denial Date:</b>       | 02/02/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/11/2015 |

### 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

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

The injured worker is a 49 year old female, who sustained an industrial injury on 7/1/2013. She has reported left knee pain. The diagnoses have included chondromalacia of patella, pain in joint involving lower leg, osteoarthritis, and chronic pain syndrome, status post arthroscopic knee surgery 2013. Treatment to date has included rest, medication therapy, physical therapy, and H-wave therapy, and Euflexxa injections. It was documented that Celebrex cause stomach and gastrointestinal complaints. Currently, the IW complains of significant bilateral knee pain, left greater than right. She was documented to be pending surgery for bilateral meniscal tears. Physical examination from 1/19/15 documented two plus (2+) effusion, redness and warm, marked patellar crepitus and Range of Motion (ROM) +5 to 110 degrees. A progress report dated July 10, 2014 indicates that the patient's pain is 5/10 with medication and 8/10 without medication. Review of systems identifies no significant side effects from the current medication regimen. Medications at that time included tramadol and Pennsaid. A report dated November 12, 2014 suggests that the patient is at risk for further disability if she does not receive tramadol. A report dated January 19, 2015 indicates that the patient has significant functional benefit from the medication with reduction in pain scores, increased ability to walk, stand, and perform similar activities. Additionally, the patient has a pain management contract and has undergone urine toxicology and cures reports which have been consistent. On 2/2/2015 Utilization Review modified certification for Tramadol 50mg #60, noting the documentation did not support that MTUS Guidelines had been met. The MTUS Guidelines were cited. On 2/11/2015, the injured worker submitted an application for IMR for review of Tramadol 50mg #120.

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

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

**Tramadol 50mg #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Ultram (tramadol), California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no side effects or aberrant use, and the patient is noted to undergo regular monitoring. In light of the above, the currently requested Ultram (tramadol) is medically necessary.