

<b>Case Number:</b>	CM15-0069949		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	10/01/1997
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 was a 55 year old male, who sustained an industrial injury, October 1, 1997. The injured worker previously received the following treatments Norco, Tramadol, random laboratory toxicology studies, anti-inflammatory, Synvisc injections, pain management specialist, Ibuprofen, right knee arthroscopic surgery, right knee MRI and home exercise program. The injured worker was diagnosed with varicosities to the bilateral lower extremities, right knee pain and status post anterior cruciate ligament repair. According to progress note of March 9, 2015, the injured workers chief complaint was right knee pain. The injured rated pain 7 out of 10 and medications were helping. The injured worker was sleeping ok. The pain was aggravated heavy lifting, repetitive kneeling, squatting, pivoting, climbing, crouching, crawling or work at heights. The treatment plan included a prescription for Tramadol for the purpose of completing the tapering.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL 50mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol HCL 50mg # 120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnosis is right knee pain, status post anterior cruciate ligament repair. The documentation in the medical record, according to utilization review dated October 21, 2014, shows Tramadol was modified to #45 for weaning purposes. In a progress note dated December 4, 2014, Tramadol #90 was certified to discontinue over two months. In the utilization review dated February 6, 2015, Tramadol #60 certified for continued taper. Request for authorization dated March 2, 2015 shows the injured worker is still taking Tramadol and the treating provider requested Tramadol 50 mg #120. There's been no attempt to taper and discontinue. Additionally, there were multiple inconsistent urine drug toxicology screens with no evidence of hydrocodone (Norco) detected in multiple urine drug screens. There is no documentation evidencing objective functional improvement with ongoing Tramadol. Consequently, absent clinical documentation with confirmed weaning and tapering to discontinue Tramadol, no risk assessments or detailed pain assessments and no evidence of objective functional improvement, Tramadol HCl 50 mg #120 is not medically necessary.