

Case Number:	CM15-0092484		
Date Assigned:	05/18/2015	Date of Injury:	07/15/2009
Decision Date:	06/22/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/13/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 is a 64-year-old male patient who sustained an industrial injury on 07/15/2009. He sustained the injury while he was getting into the work truck he hurt his right leg. The diagnoses include osteoarthritis of bilateral knees, and status post bilateral arthroscopy with medial meniscectomy. Per the doctor's note dated 3/18/15, he had complaints of increased bilateral knee pain. The physical examination revealed antalgic gait, bilateral medial joint line tenderness, left knee- 5 to 110 degrees range of motion with pain and crepitus and right knee- 5 to 120 degrees range of motion with pain and crepitus; positive bilateral patellar grind test. The medications list includes Prilosec, Norco 10/325mg, Lidocaine, tramadol, Norco 5/325mg, Lidoderm 5% patch, and Flector patches. He has undergone bilateral knee arthroscopic surgeries. He has had X-rays and MRIs for bilateral knees. He has had brace, orthovisc injections and physical therapy for this injury. The plan of care continues with recommendation for surgical intervention to both knees, right first.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); On-going management (Opioids) Page(s): 113. Decision based on Non-

MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 13th Edition (web), 2015, Pain Chapter, Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 75, Central acting analgesics Page 82, Opioids for neuropathic pain.

Decision rationale: Tramadol HCL 50mg #60. Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol use is recommended for treatment of episodic exacerbations of severe pain. Per the records provided, he had increased bilateral knee pain. He has positive findings on the physical examination- antalgic gait, bilateral medial joint line tenderness, left knee 5 to 110 degrees range of motion with pain and crepitus and right knee 5 to 120 degrees range of motion with pain and crepitus; positive bilateral patellar grind test. He has had diagnostic studies with abnormal findings. Previous treatment included bilateral knee arthroscopic surgical intervention. There is objective evidence of conditions that can cause chronic pain with episodic exacerbations. The request for Tramadol HCL 50mg #60 is medically appropriate and necessary to use as prn during acute exacerbations.