

<b>Case Number:</b>	CM14-0109415		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	10/03/2013
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

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

Medical records reflect the claimant is a 39 year old female with a work related injury on 10-3-13. On this date she set a door down on a T cart, which slammed into her right ankle. The claimant was provided with a diagnosis of right ankle strain/sprain. The claimant had MRI of the right ankle that showed no acute traumatic injury, mild chronic tendinopathy. The claimant is being treated with medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol :Short term use Page(s): 83.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol opioids 7496 Page(s): 113, 74-96.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines as well as ODG reflect that the long term use of an opioid is not supported. There is an absence in documentation noting that this claimant has a pathology that would support the long term use of opioids at this juncture, so far removed from the compensable injury and for a right ankle strain/sprain. Therefore, the medical necessity of this request is not established.

