

<b>Case Number:</b>	CM14-0159566		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	08/24/2012
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Pain Management and is licensed to practice in California. 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:

The injured worker is a 24 year-old male who sustained an injury on August 24, 2012. He is diagnosed with (a) nonunion medial malleolar fracture with secondary posttraumatic arthritis, left ankle; and (b) compensatory injury, left knee, with internal derangement. He was seen for an evaluation on August 21, 2014. He continued to have ongoing left knee compensatory pain. An examination of the left knee revealed medial and peripatellar joint line tenderness. McMurray's test was positive. Varus-valgus laxity, Lachman's, and pivot-shift tests were negative.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-77.

**Decision rationale:** The request for tramadol 50 mg #60 is not medically necessary at this time. There was no documentation of pain and functional improvement in the reviewed medical records. Also, there was no documentation of the patient's subjective and objective response to

this medication. Documentation of adverse effects was not found as well. Hence, the request for tramadol 50 mg #60 is not medically necessary at this time.