

<b>Case Number:</b>	CM14-0168890		
<b>Date Assigned:</b>	01/23/2015	<b>Date of Injury:</b>	03/07/2005
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Orthopedic Surgery, has a subspecialty in Spine Surgery and is licensed to practice in New York. 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 patient is a 64-year-old male with a date of injury of March 7, 2005. The patient has chronic pain and is diagnosed with posttraumatic arthritis of the right ankle. The patient also had fracture of the right ankle and left hip trochanteric bursitis with bilateral knee degeneration. The patient has had right ankle arthroscopy. The patient has had midfoot surgery. The patient continues to have chronic pain. Physical examination shows no signs of infection in the right foot are ankle. Surgical incisions are well-healed. Right knee range of motion is normal. Knee stability is normal. There is negative McMurray's test. The spasm over the left calf. At issue is whether medications to include tramadol medically needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL cap 150mg ER Quantity: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines do not recommend the use of opioid therapy for chronic pain conditions. The medical records do not established a

medical necessity for Tramadol in this patient has had chronic pain for very long period of time in multiple joints. In addition, there is no documentation of significant functional improvement with previous narcotic therapy. MTUS criteria for narcotic therapy not met. Therefore, this request for Tramadol is not medically necessary for this patient with chronic pain.