

<b>Case Number:</b>	CM14-0207300		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	07/10/2012
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 Family Practice, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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:

On 7/10/2012 this worker sustained injury to his ankles while working on a roof. He has received physical therapy and a cortisone injection to his left ankle. According to the primary treating physician's report of 9/16/2014, he described his ankle pain as 6/10 when sedentary and 8/10 when ambulating. The diagnoses included chronic sprain/strain of bilateral ankles, right and left ankle strain with posterior tibial tenosynovitis. He was prescribed Voltaren gel and Tramadol 50 mg twice daily. He had a follow up visit on 10/28/14. At that time he described his ankle pain as 6/10. He reported taking tramadol and Voltaren gel. He stated he does get some moderate improvement of his symptomology when utilizing those medications. He has been taking tramadol since prior to March 13, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #60 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

**Decision rationale:** Tramadol is a synthetic opioid classified as a central acting analgesic. The MTUS guidelines for other opioids apply to this opioid as well. According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. In this case, there is insufficient documentation of the assessment of pain, function and side effects in response to opioid use to substantiate the medical necessity for tramadol. The medical record does not indicate any improvement in function. There is subjective report of benefit in regards to pain but there has been no report of measured benefit. Side effects have not been discussed therefore request is not medically necessary.