

Case Number:	CM15-0100588		
Date Assigned:	06/03/2015	Date of Injury:	11/14/2011
Decision Date:	07/01/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/26/2015

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: Arizona, 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:

The injured worker is a 53 year old female who sustained an industrial injury to her left ankle on 11/14/2011 when she stepped off a curb injuring her ankle. Initial X-rays were negative for acute fracture. The injured worker was diagnosed with sprain left ankle and joint pain ankle/foot. Treatment to date includes ankle magnetic resonance imaging (MRI) in December 2011, physical therapy, conservative measures and medications. The injured worker has had no surgical or injections to date. According to the primary treating physician's progress report on April 14, 2015, the injured worker continues to experience left ankle pain with a band of tightness around the entire ankle. Pain is made worse with stairs and increased ambulation. The injured worker also reports bilateral hip pain. Examination revealed an antalgic gait, no swelling and normal muscle tone without atrophy of the bilateral lower extremities. Current medications are listed as Tramadol, Aleve, Ibuprofen, Aspirin, and Imitrex. The injured worker is Permanent & Stationary (P&S). Treatment plan consists of trying acupuncture therapy and the current request for Tramadol renewal.

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 Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant had been on Tramadol in combination with NSAIDS for over 6 months. There was no mention of Tylenol failure. Prolonged use of Tramadol is not recommended. Continued and chronic use of Tramadol is not medically necessary.