

Case Number:	CM15-0204206		
Date Assigned:	11/19/2015	Date of Injury:	09/17/2014
Decision Date:	12/30/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/17/2015

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: Texas, 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:

This is a 40 year old female patient with a date of injury on 09-17-2014. The diagnoses include lateral ligament left ankle injury, stretch injury to medial ankle ligament and heels cord-left, strain left quadriceps, internal derangement of the left knee and medial meniscus tear of the left knee. Per the doctor's note dated 8/31/15, she had complaints of left ankle and left knee pain. Physical exam dated 08-31-2015 revealed tenderness to the anterior aspect of the ankle and some palpable popping. Per the physician progress note dated 09-10-2015 she had complaints of chronic left knee with pain, and swelling at times. She had a throbbing pain with popping and giving out. She had left ankle pain, and swelling with prolonged activities and she had popping. She wears an ankle support that helps. She was not working. Physical exam revealed left knee-tender medially. She is taking Ibuprofen, and Tramadol. She had unofficial documentation that a Magnetic Resonance Imaging of the left ankle showed probable evidence of an old lateral ankle strain. Treatment to date has included diagnostic studies, medications, physical therapy, and status post knee arthroscopy and meniscal repair-prior. The Request for Authorization dated 09-18-2015 includes Tramadol 50mg #200, physical therapy 2 x 8 weeks, and Ibuprofen. On 09-29-2015 Utilization Review modified the request for Tramadol 50mg #200 to Tramadol 50mg #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #200: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for neuropathic pain.

Decision rationale: Tramadol 50mg #200 Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain." Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol use is recommended for treatment of episodic exacerbations of severe pain. Per the records provided the patient had chronic left ankle and left knee pain. She has objective findings on the physical examination- tenderness to the anterior aspect of the ankle and some palpable popping. She has history of knee surgery. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. The request for Tramadol 50mg #200 is medically appropriate and necessary to use as prn during acute exacerbations.