

<b>Case Number:</b>	CM15-0204472		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	02/16/2014
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: North Carolina, Georgia  
 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 46 year old male, who sustained an industrial injury on 2-16-2014. The injured worker was being treated for right ankle sprain, right ankle severe ligament tears, right knee strain rule out meniscal and ligament tears, and status post right knee Bronstrom lateral ankle stabilization procedure on 1-27-2015. The injured worker (7-16-2015, 8-26-2015, and 9-16-2015) reported ongoing right ankle pain. The injured worker reported that Tramadol was helping. Per the treating physician (8-26-2015 report) there were no reliable signs of drug abuse, dependency, or addiction and no definitive signs of diversion. The medical records show no significant improvement of the subjective pain rating from 8 out of 10 on 7-16-2015 to 7-8 out of 10 on 8-26-2015 and 9-16-2015. The injured worker (7-16-2015) reported Tramadol helps decrease his pain from 9-10 down to 6-7. The physical exam (7-16-2015, 8-26-2015, and 9-16-2015) reveals a healing surgical incision over the lateral malleoli of the right ankle with decreased plantar dorsiflexion and 0 range of motion with internal and external rotation. The treating physician noted the distal end of the incision was still healing without any sign of infection or erythema and 1+ swelling in the medial and lateral aspects. On 4-20-2015 and 9-16-2015, urine drug screens stated that Tramadol metabolite was detected. Surgeries to date have included an excision of hypertrophic scar and revision-repair of hypertrophic scar of the right lateral ankle on 3-17-2015. Treatment has included physical therapy, wound care, debridement of the right ankle hypertrophic tissue, off work, a cane, an ankle brace, and medications including pain (Tramadol since at least 3-2015), antibiotics, and non-steroidal anti-inflammatory. Per the treating physician (9-16-2015 report), the injured worker has not returned to work. On 9-30-2015, the requested treatments included Tramadol 50 MG #90. On 10-8-2015, the original utilization review modified a request for Tramadol 50 MG #60 (original request for #90).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 MG #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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

**Decision rationale:** CA MTUS allows for the use of opioid medication, such as tramadol, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does use a validated method of recording the response of pain to the opioid medication and documents functional improvement. Therefore, the record does support medical necessity of ongoing opioid therapy with tramadol.