

<b>Case Number:</b>	CM15-0173559		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	12/22/2008
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 59 year old female, who sustained an industrial injury on 12-22-08. The injured worker was diagnosed as having knee internal derangement; ankle and leg pain status post fracture; other, multiple and ill-defined fractures of lower limb, closed. Treatment to date has included status post right knee arthroscopy; physical therapy; medications. Currently, the PR-2 notes dated 7-22-15 indicated the injured worker was seen as a re-check of work-related injuries. The injured worker reports her pain medication is not lasting for an entire month; currently taking 2 tramadol daily. She reports she would like to increase the number monthly to cover the pain. There is no physical examination documented on this note. The "Plan of Care" notes to "Increase tramadol to 3 times daily as needed, #90 each prescription." She will return in three months. A PR-2 note dated 3-13-15 was submitted. The injured worker was in this office as an initial visit and her history was obtained on this date from the injured worker as there were no medical records available at the time of the provider's interview. The industrial injury was the result of a stepped and twisted her right knee resulting in pain and a meniscus injury. She has a right knee arthroscopic surgery followed by physical therapy. She reported the pain continued for 4 years and in 2013, she has a total right knee replacement. The provider notes "The knee initially did very well, although the knee was stiff." The provider continues documentation stating, "In late 2013, the injured worker was hit by a car, suffering fractures in the left tib-fib and right ankle. She has to have a right ankle fusion. The right ankle, especially, is still painful and stiff and she has to walk with a cane. She has since seen a podiatrist who says there is 'nothing more to do'. The right knee itself, the original injury, is doing pretty well." The

"Plan of Care" was to "continue care for now. Refill of tramadol 2 daily with prescription given." A PR-2 notes dated 6-16-15 was also submitted documenting the injured worker comes in for a recheck of polytrauma of legs, knees and ankles. She takes only tramadol, up to 4 daily. The notes indicate she walks with a cane. The provider documents "The pain is always bad, up to 7 out of 10. She is currently disabled and has disability paper work to fill out." The "Plan of Care" was to continue care as now and refills as needed: "none today". A Request for Authorization is dated 9- 3-15. A Utilization Review letter is dated 8-11-15 and non-certification was for Tramadol 50mg #90, 3 refills. Utilization Review non-certified Tramadol 50mg #90, 3 refills stating: "The ongoing use of this medication is not supported as being medically necessary." The CA MTUS guidelines (effective 7-18-09, page 78) were referenced for this decision. The provider is requesting authorization of Tramadol 50mg #90, 3 refills.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Tramadol 50mg #90, 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** This claimant was injured in 2008 with diagnoses of knee internal derangement; ankle and leg pain status post fracture; other closed multiple and ill-defined fractures of lower limb. As of July, her pain medication was not lasting for an entire month; and she was currently taking 2 tramadol daily. She reported she would like to increase the number monthly to cover the pain. There is no objective physical examination documented in this note. Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long term studies to allow it to be recommended for use past six months. A long-term use of is therefore not supported. The request is not medically necessary.