Case Number:	CM17-0021126		
Date Assigned:	02/06/2017	**Date of Injury:**	10/14/2016
Decision Date:	02/28/2017	**UR Denial Date:**	01/24/2017
Priority:	Standard	**Application Received:**	02/01/2017

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: California,Virginia
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 32 year old female, who sustained an industrial injury on October 14, 2016. She rolled her right ankle, twisted her right knee and heard and felt a pop form the knee. The injured worker was currently diagnosed as having chondromalacia right knee, peripheral tear of lateral meniscus, lateral subluxation of right patella and sprain of tibiofibular ligament of right ankle. Treatment to date has included diagnostic studies, medications, braces-splints and therapy. On January 10, 2017, the injured worker complained of pain to the neck, low back, right hip and thigh, right knee, right leg and right ankle. The pain was sharp and stabbing. She felt the problem was not getting any better or worse. Current medications included Gabapentin, Lorazepam, Topiramate, Risperdal, Trileptal, Metformin, Vitamin D, Omeprazole, Syrtec and Flovent. Physical examination revealed tenderness to the right knee and right ankle. There was a positive McMurray's sign, P-F compression and Apley's compression test. ATFL compression, anterior drawer, tibiotalar loading, single leg hop test and external rotation stress test were all positive. An MRI of the right ankle was ordered. A request was made for Tramdol 50mg. On January 24, 2017, utilization review denied a request for Tramadol 50mg #60.

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 Medical Treatment 2016, Section(s): Tramadol (Ultram), and Opioid Treatment 2016.

MAXIMUS guideline: Decision based on MTUS Opioid Treatment 2016, Section(s): 3. Opioids for Chronic Pain and Chronic Opioid Treatment: Overview of Recommendations Regarding Chronic Opioid Treatment.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably non-certified the request; appropriate weaning should be considered. Given the lack of clear evidence to support failure of first-line, non-opioid treatments, and the chronic risk of continued treatment, the request for Tramadol is not considered medically necessary. This decision addresses the medical necessity of opioids as they have been prescribed to this injured worker. This medical necessity decision should not be interpreted as a recommendation to stop long-term opioids abruptly and the injured worker is advised to speak with their treating physician. The treating physician and the injured worker are advised to consult the MTUS Opioids Treatment Guidelines ("Tapering opioids"), and if necessary, other relevant guidelines, regarding the most appropriate method for weaning and terminating opioids for this injured worker.