

Case Number:	CM13-0001195		
Date Assigned:	06/04/2014	Date of Injury:	03/12/2013
Decision Date:	07/23/2014	UR Denial Date:	06/21/2013
Priority:	Standard	Application Received:	07/11/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 57-year-old female with a reported injury on 03/12/2013. The mechanism of injury was not provided within the clinical notes. The clinical note dated 05/03/2012 reported that the injured worker complained of right ankle pain. The injured worker was status post open reduction internal fixation of the right ankle. The physical examination of the right ankle revealed all bones well healed, with skin in good condition without discoloration and minimal swelling. It was reported +2 dorsalis and posterior tibial pulses, good capillary refill, warmth, color, motor and sensory intact to the right toes. An x-ray dated 05/03/2013 reported that the equal postoperative lateral fibula plate was in good position. The injured worker's diagnoses included healing right ankle fracture status post open reduction internal fixation. The provider requested 1 followup in 4 weeks and prescription for Ultram. It was reported that the Ultram was re-prescribed as per the injured worker's request. The Request for Authorization was submitted on 07/10/2013. The injured worker's prior treatments were not included within the clinical note.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR ULTRAM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

Decision rationale: The request for Ultram is not medically necessary. The injured worker complained of right ankle pain. The treating physician's rationale for Ultram is due to the injured worker requesting a re-prescription for the Ultram. The California MTUS guidelines state tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is a lack of clinical information provided documenting the efficacy of Ultram as evidenced by decreased pain and significant objective functional improvements. Moreover, there is a lack of documentation that the injured worker has had urine drug screens to validate proper medication adherence in the submitted paperwork. Furthermore, the requesting provider did not specify the utilization frequency, dose, duration, or quantity being requested. Given the information provided, there is insufficient evidence to determine appropriateness of Ultram to warrant medical necessity. As such, the request is not medically necessary.

ONE FOLLOW UP IN 4 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Office Visit.

Decision rationale: The request for 1 follow-up in 4 weeks is not medically necessary. The injured worker complained of right ankle pain. The treating physician's rationale for follow-up in 4 weeks was not provided in the clinical notes. The CA MTUS/ACOEM guidelines state frequent follow-up visits are often warranted for monitoring in order to provide structure and reassurance. The Official Disability Guidelines recommend an office visit to be medically necessary. Evaluation and management of outpatient visits to the offices of medical doctor(s) is a critical role in the proper diagnosis and return to function of an injured worker. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. There is a lack of clinical information provided identifying the specific follow-up requested within 4 weeks. A follow-up visit is expected and encouraged per the guidelines; however, given the lack of information provided, there is insufficient evidence to determine appropriateness of follow-up in 4 weeks to warrant medical necessity. As such, the request is not medically necessary.