

<b>Case Number:</b>	CM13-0025428		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	01/28/2012
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, and is licensed to practice in Florida. 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 physician 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 patient is a 46-year-old male who reported an injury on 01/28/2012 with the mechanism of injury being a trip and fall. The patient was noted to have failed customized orthotics, prescription medications, physical therapy, and daily compliance of home exercise program. The patient's diagnoses were noted to include left great toe sprain and metatarsalgia with history of amputation of the left 2nd toe. The request was made for one prescription of Ultram ER 150 mg #30 and one left metatarsophalangeal joint injection under ultrasound guidance. ∂∂

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Ultram ER 150mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) state that Tramadol (Ultram) is not recommended as a first-line therapy and that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical documentation submitted for review per the note of 07/02/2013 revealed the patient had stopped Tramadol.

Given the above, the request for one prescription of Ultram ER 150 mg #30 is not medically necessary.

**One left metatarsophalangeal joint injection under ultrasound guidance:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376-377.

**Decision rationale:** American College of Occupational and Environmental Medicine (ACOEM) Guidelines recommend steroid injections for patients with plantar fasciitis, heel spurs and Sub-Acute Morton's neuroma point tenderness, however repeated or frequent injections are not recommended for chronic foot pain. The injections are recommended after 4 to 6 weeks of conservative therapy that is ineffective. The clinical documentation submitted for review indicated the patient had failed custom orthotics, prescription medications, physical therapy, and a home exercise program. Given the above and the documentation of exceptional factors, the request for one left metatarsophalangeal joint injection under ultrasound guidance is medically necessary.