

Case Number:	CM13-0028040		
Date Assigned:	11/22/2013	Date of Injury:	06/03/2011
Decision Date:	02/05/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/23/2013

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 Occupational Medicine 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 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.

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 applicant filed a claim for chronic pain syndrome, generalized osteoarthritis, ankle pain, and posttraumatic headaches reportedly associated with industrial injury of June 3, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; prior ankle ORIF surgery; and extensive periods of time off of work, on total temporary disability. In an August 22, 2013 progress note, the claims administrator denied request for naproxen and tramadol. An October 8, 2013 progress note is notable for comments that the applicant is off of work as modified duty is not available. She still has pain about the ankle. She is limping somewhat. Well healed surgical scar is noted. Limited and painful ankle range of motion are noted. MRI imaging is endorsed. The applicant is given a diagnosis of posttraumatic arthritis. Medications are renewed. The applicant's response to the medications is not detailed or described. An earlier note of August 26, 2013 was notable for comments that the applicant was given prescriptions for tramadol and naproxen. A 20-pound lifting limitation was again endorsed, although it was noted that the applicant was not accommodated. The applicant was described as still symptomatic and having issues with pain ranging from 1-6/10. Once again, the applicant's response to medication was not detailed or described on this occasion. On August 26, 2013, the attending provider opined that the applicant would be unable to return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50mg, #60, with two (2) refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: As noted on Page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved function, and/or reduced pain effected as a result of ongoing opioid usage. In this case, however, it does not appear that the applicant meets these criteria. She has not returned to work. There is likewise no clear evidence or description of improved functioning or reduced pain effected as a result of ongoing opioid usage. Therefore, the request is not certified

Naproxen 550mg, #60, with two (2) refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as naproxen do represent the traditional first line of treatment for various chronic pain conditions. In this case, however, as with tramadol, there is no clearcut evidence of functional improvement as defined in MTUS 9792.20f effected through prior usage of naproxen. The applicant has failed to return to work. There is no evidence of diminishing work restrictions from visit to visit. There is likewise no evidence of diminished reliance on medical treatment effected as a result of ongoing naproxen usage. Therefore, the request is not certified