

Case Number:	CM13-0035888		
Date Assigned:	01/03/2014	Date of Injury:	12/17/2009
Decision Date:	04/21/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/18/2013

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 Physical Medicine Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is a 46-year-old female with date of injury of 12/17/2009. Per treating physician's report on 09/30/2013, listed diagnoses are: 1. Right plantar fasciitis. 2. Right Achilles tendinitis versus tendinopathy. 3. Status post Open Reduction Internal Fixation left ankle fracture with posttraumatic arthritis. Recommendation was for physical therapy twice a week for 6 weeks. The patient was to continue night splint. This progress report states that the patient underwent physical therapy more than one year ago which she obtained mild relief. However, the patient's symptoms returned due to change in her gait and due to ankle pain. The patient is currently taking Ultram as needed for pain and used ibuprofen and Aleve in the past without significant relief of symptoms in addition to gastric irritation. She has been using Celebrex without relief of symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PHYSICAL THERAPY SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: This patient presents with chronic ankle and foot pain, status post Open Reduction Internal Fixation of the left ankle fracture. The treating physician has asked for physical therapy, twelve sessions. He indicates on his report on 09/30/2013 that the patient has not had any physical therapy for over a year. However, review of the reports show that the patient was authorized for six sessions of physical therapy from 11/19/2013. California Medical Treatment Utilization Schedule (MTUS) Guidelines allow up to nine to ten sessions of physical therapy for myalgias/myositis, and neuralgia, radiculitis and neuritis-type of pain that this patient suffers from. In this case, the request for twelve sessions which exceeds what is allowed by California Medical Treatment Utilization Schedule (MTUS) Guidelines, given that it has been over six months since the last round of physical therapy and patient's persistent pain, it may be reasonable to provide a short course of physical therapy but the current request exceeds what is allowed by California Medical Treatment Utilization Schedule (MTUS) Guidelines. Furthermore, the treating physician does not go to any specifics regarding any goals or what is to be achieved with additional physical therapy at this juncture that which cannot be achieved through home exercise program. Recommendation is for denial.

PRESCRIPTION OF ULTRAM: Upheld

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

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

Decision rationale: This patient presents with chronic bilateral ankle and heel pains with history of ORIF for ankle fracture. The treating physician has been prescribing Ultram since around February of 2013. Report dated 01/24/2013 lists Ultracet as medication. Reports indicate that the Ultracet was not helping and the medication was apparently switched to tramadol. Report dated 02/22/2013 states that tramadol is helpful for breakthrough pain allowing the patient to get most of her rehab exercises done. Pain levels on these visits were 7/10 at worst, least pain at 3/10 and average at 3/10. Reports reviewed on 03/23, 05/21, 07/08, 08/28, 10/02, and 10/31/2013, none of these reports discussed effectiveness of tramadol. In fact, on one report, 08/28/2013, the patient stated that Cymbalta and tramadol are not helping but wants to continue medication. There is one statement regarding medications, 10/31/2013, where the treating physician documents, "They do help with her pain." Upon reviewing the pain scales, the patient's worst pain went from a 7/10 in early part of 2013 to a 9/10 towards the end of 2013. One cannot tell that any of these medications have done anything to improve this patient's pain. Tramadol is a synthetic opiate and for chronic opiate use, California Medical Utilization Schedule (MTUS) Guidelines required documentation, pain assessment and function as compared to baseline. It also requires use of numeric scale or validated instrument to denote functional status. Under outcome measures, additional documentations are required such as current pain level, least pain, average pain, and how long it takes for medication to work, etc. California Medical Utilization Schedule (MTUS) Guidelines further discussed the 4As including analgesia, Activities of Daily Living (ADLs), adverse effects, and adverse behavior. In this case, the treating physician provides numeric scales to denote worst pain, average pain, and least pain but there are no before and after pain scales

describing efficacy of the medications prescribed. There is no evidence that tramadol itself has been beneficial in improving this patient's pain and function based on reviewing her 2013 reports. Without a specific documentation of pain reduction, specific activities of daily living changes, and outcome measures as related to the use of tramadol, ongoing use of this medication cannot be authorized. Recommendation is for denial.