MAXIMUS Federal Services

Case Number:	CM13-0041529		
Date Assigned:	12/20/2013	Date of Injury:	01/28/2012
Decision Date:	03/11/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/11/2013

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 Pain Mangement, has a subspecialty in Disability Evaluation and is licensed to practice in California, Washington DC, Maryland, and 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 claimant states that on 01/28/2012, he was walking when he tripped on a steel bar sticking out of the ground. He tripped and fell onto his left side. He injured his left great toe, left knee and the left side of his low back. At the time, he was wearing steel-toe boots. He states that he felt immediate pain in his foot and toe. He had immediate difficulty walking. He also felt the pain on his left knee. However, approximately one week later, he noted that the left knee pain had increased and his low back had begun to hurt. He states that he reported his injury and was laid off. This occurred on 01/30/2012. He states that approximately one week later, he was contacted by the insurance company and referred to [redacted]. He was examined, x-rays were taken and he was given a CAM walker with crutches. He was also given medications. He was referred to physical therapy. He later received treatment from the office of [redacted]. He has received physical therapy, chiropractic, acupuncture, a CAM walker, crutches, cane and orthotics. He has been evaluated by an orthopedic surgeon and received an arthroscopic plica excision on 10/12/2012. He was evaluated by pain management, however, injections were not recommended. The last office visit contained in the available medical records was 12/13/2012. The available medical records do not include documentation of postoperative physical therapy. A progress report dated 9/18/2013 from [redacted] states the patient is slightly improved with 3/6 acupuncture sessions. He had an injection on the last visit which decreased foot symptoms temporarily. He complains of sleep loss. Examination findings included: left knee well healed portals; tenderness medial joint line with crepitus; left knee motion 0-112 degrees; left foot tenderness over first metatarsophalangeal joint. Regarding Ultram ER; evidence based guidelines state Tramadol (Ultram) is a synthetic opioid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Chronic Pain Medical Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Tramadol Page(s): 75,80,84 and 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC-Pain (Chronic), Tranadol (Ultram).

Decision rationale: The Physician Reviewer's decision rationale: With respect to prescription of Tramadol ER 150mg #120, the guidelines does not recommend this medication as well as other opioids as a first-line therapy for neuropathic pain. Opioid analgesics and Tramadol have been suggested as a second-line treatment (alone or in combination with first-line drugs). Also there is lack of documented improvement in function or reduction in pain symptoms with the use of this medication.. ODG recommends the lowest possible dose should be prescribed to improve pain and function. The immediate release formulation is recommended at a dose of 50 to 100mg PO every 4 to 6 hours (not to exceed 400mg/day). This dose is recommended after titrating patients up from 100mg/day, with dosing being increased every 3 days as tolerated. For patients in need of immediate pain relief, which outweighs the risk of non tolerability the initial starting dose, may be 5mg to 100mg every 4 to 6 hours (max 400mg/day), Ultram ERÂ®: Patient currently not on immediate release tramadol should be started at a dose of 100mg once daily, The dose should be titrated upwards by 100mg increments if needed (Maximum dose 300mg/day). Patients currently on immediate release tramadol, calculate the 24-hour dose of and initiate a total daily dose of ER rounded to the next lowest 100mg increment (Max dose 300mg/day). (Product information, Ortho-McNeil 2003) (Lexi-Comp, 2008) Therefore the request for Tramadol ER 150mg#30 is not appropriate.

Sonata 10mg #30 modified to 10mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (acute and chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline-Plus.

Decision rationale: The Physician Reviewer's decision rationale: With respect to Sonata (Zaleplon), 10mg #30 modified to 10mg #20, the guideline does not support more than two weeks of use. ODG states: Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. (Lexi-Comp, 2008). Therefore the request for Sonata (Zaleplon), 10mg #30 modified to 10mg #20 is not medically necessary.