MAXIMUS Federal Services

Case Number:	CM13-0041734		
Date Assigned:	12/20/2013	Date of Injury:	09/28/2012
Decision Date:	02/28/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/30/2013

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 Management, has a subspecialty in Disability Evaluation 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. 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 26 year-old right hand dominant female who was injured on September 28, 2012. According to the patient on the date of injury, she was in the process of training a new guard. While demonstrating the closure of a large steel gate, she caught her left heel while in stride which caused her entire foot to become stuck underneath the gate. She subsequently got onto the ground and was able to release her foot. She experienced the immediate onset of pain in her left foot, ankle and toes with radiations up the entire left leg extending to the buttocks/left hip area. She indicated that her ankle immediately became swollen. She promptly reported the injury to her supervisor, and she was advised to seek medical care on her own. The patient was taken to the emergency room by her mother at the [redacted], where she was evaluated and x-rays were taken. Medication was prescribed in the form of Vicodin. She was provided with a splint for her left ankle as well as crutches. She was taken off work for five days and advised to seek follow-up medical care. On October 4, 2012 the patient underwent evaluation at [redacted] where she was referred by her employer. She was referred for an immediate MRI scan of the left foot and ankle, after which she was diagnosed with a severe sprain. She was prescribed Naprosyn, Vicodin, and Prilosec. She returned to work with restrictions precluding her from standing and walking. On October 11, 2011, the patient underwent reevaluation and was prescribed physical therapy two to three times per week. She was provided with an immobilizer for the left ankle and returned to work with the same restrictions. Currently the patient experiences radiation of pain into the left buttock/hip area. She complains of intermittent left ankle/ foot pain, which radiates up the entire left leg extending to the left side of the buttocks/hip as well as occasionally into the foot. She has swelling in her left foot. Her ankle has given way, causing her to lose her balance. She walks with an uneven gait after 30 minutes of ambulation or standing. The patient complains of intermittent left leg pain,

which radiates from the ankle and extends up the entire left leg to the left buttock/hip area. Her pain level varies throughout the day depending on her activities and worsens in the evening. Ice and medications help to temporarily alleviate the pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management. Page(s): 79-80. Decision based on Non-MTUS Citation Opioid Treatment Guidelines from the American Pain Society and the American Academy of Pain Medicine

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 80,84 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC-Pain (Chronic) (updated 11/14/13)-Tramadol

Decision rationale: According medical records, it appears the patient was weaned off Norco and onto Ultram in August. The records noted objective improvement. However, the 8/13/2013 UDS shows a meperidine metabolite that is consistent with the patient's medication. There was no Tramadol metabolite. There is no discussion of this UDS in the record. CA-MTUS does not allow for prescriptions from multiple practitioners. In addition there is evidence of non-adherence to Tramadol therapy as evidence by the absence of Tramadol Metabolites in the urine Drug screening test. Therefore the prescription for Tramadol (Ultram 50mg), is not medically necessary.