

Case Number:	CM13-0042854		
Date Assigned:	03/28/2014	Date of Injury:	07/26/2012
Decision Date:	04/30/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/21/2013

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 Internal Medicine has a subspecialty in Pulmonary Diseases 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:

The patient is a 51-year-old male who reported an injury on 07/26/2012. The patient sustained an injury to his lower back, knees, and left foot after slipping on soft dirt. The patient is diagnosed with left mid foot sprain and strain with suspicion for early CRPS, lumbar spine myofasciitis, bilateral knee sprain/strain, and bilateral patellofemoral arthritis. The patient was recently seen by [REDACTED] on 09/13/2013. The patient reported ongoing pain to the left foot and ankle as well as the lumbar spine. Physical examination revealed tenderness to palpation with hypersensitivity to the left lower extremity, decreased range of motion, and no changes to the lumbar spine and bilateral knee examination. Treatment recommendations at that time included continuation of Ultram ER 150 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 150MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ONGOING MANAGEMENT Page(s): 79-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the patient has utilized Ultram ER 150 mg since 04/2013. Despite ongoing use of the medication, the patient continues to report 8/10 pain. Although it is noted that the patient's pain level decreases to 4/10 with medication, there is no evidence of objective functional improvement as a result of the ongoing use of this medication. Therefore, the request cannot be determined as medically appropriate. As such, the request is non-certified.