

Case Number:	CM13-0044304		
Date Assigned:	02/26/2014	Date of Injury:	03/22/2013
Decision Date:	10/10/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/28/2013

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 and Rehabilitation 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 sustained an injury on 3/22/13 while employed by [REDACTED]. Request(s) under consideration include PHARMACY: Tramadol 50mg one PO #30. Report of 8/30/13 from the provider noted the patient with chronic ongoing right hip pain rated at 7-8/10, right knee pain rated at 6/10, and right ankle pain rated at 7/10. Exam showed antalgic gait with lumbar spine with unrestricted range; intact sensation with decreased motor strength in lower extremity. Treatment included continued medications. Report of 11/22/13 from the provider noted unchanged ankle, knee, and back pain. Exam showed unchanged antalgic gait, using single point cane; lumbar flexion of 80 degrees, 3 inches from floor with intact extension and lateral flexion; SLR negative at 90 degrees bilaterally; intact sensation with diffuse decreased strength in right compare to left lower extremity (no grading or specific muscles specified); with DTRs 1+ symmetrical; right knee showed tenderness at medial joint line; gross stability at full extension and 30 degrees flex to varus and valgus stress testing; intact ant/post drawer testing and negative Lachman's; right ankle with restricted inversion, eversion from pain at extreme range; tender medial joint line; no swelling in compartments or over malleoli. Diagnoses included anterior talofibular ligament tear right ankle; right knee/ hip/ ankle pain/ sprain; anxiety/ stress/ insomnia. Treatment included unchanged medications and home exercise program. The request(s) for PHARMACY: Tramadol 50mg one PO #30 was denied on 10/9/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY: TRAMADOL 50MG ONE P.O. #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The PHARMACY: TRAMADOL 50MG ONE PO #30 is not medically necessary and appropriate.