

Case Number:	CM13-0046578		
Date Assigned:	12/27/2013	Date of Injury:	07/26/2012
Decision Date:	02/20/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/31/2013

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 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:

This is a 51-year-old male with a 7/26/2012 date of injury, when he fell and twisted his foot. 9/3/13 progress report indicates left foot and ankle pain. There is also low back pain and right knee locking, popping and giving way. Physical exam demonstrates tenderness over the dorsum of the foot, decreased range of motion, lumbar tenderness, positive bilateral knee crepitus and grind test. Treatment to date has included medications, physical therapy, and activity modification. At issue for medical necessity is the request is for Diclofenac ER 100mg #30, Tramadol 150mg #M and Gabapentin 600mg #60. In the medical record/RFA dated 9/13/2013 the treating physician stated: The patient returned for follow up on September 13, 2013. He complained of continued left foot and ankle pain with increased sensitivity. He stated that he had completed four out of eight chiropractic sessions which were beneficial to him. He had increased ability to perform activities of daily living, to bend and to stoop. He also complained of continued pain with weakness in his bilateral knees. He has stiffness in his bilateral knees when doing activities of living but he was trying to manage with the help of his home exercise program. He graded his pain to be at 8/10 without medications and 4/10 with medications. Examination of the left foot and ankle revealed tenderness to light touch with hypersensitivity. It was also noted to be cool to touch as compared to his right foot. Range of motion was also decreased. Examination of the lumbar spine and bilateral knees remained unchanged. He was to proceed with the authorized pain management consultation on September 25, 2013 in pursuit of the left lower extremity sympathetic block injection. He remained to be in temporary total disability. He returned for another follow-up evaluation on October 25, 2013. In his most recent evaluation dated December 3, 2013, the patient was status post lumbar spine sympathetic block injection on November 22, 2013 under [REDACTED]

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75,80,84.

Decision rationale: CA-MTUS (Effective July 18, 2009) Chronic Pain Medical Treatment Guidelines (pages 75, 80 and 84), Tramadol (Ultram) - classified as a small class of synthetic opioids, with opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine as a Central acting analgesics. This class of synthetic opioids has been reported to be effective in managing neuropathic pain, with side effects similar to traditional opioids. "Opioids efficacy is limited to short term pain relief, and long term efficacy is unclear". Failure to respond to a time-limited course of opioids has led to suggestion of reassessment and consideration of alternative therapy. In the most recent medical report/RFA dated January 8, 2014, the treating physician stated "The effect of tramadol is almost similar to narcotic analgesics wherein it works in the brain by producing calming and sedative effect. This would be beneficial to my patient in providing maximum analgesia by providing relief from pain. This would also help in stabilizing his symptoms, thereby allowing his to perform range of motion exercise and participate in other rehabilitative endeavors such as his home exercise program. This would also enable him to perform activities of daily living with less pain and difficulty" and the patient indeed acknowledged the fact that the pain medication has improved his functional capabilities. Therefore the request for Tramadol 150mg #30 is medically necessary