

Case Number:	CM13-0058144		
Date Assigned:	06/09/2014	Date of Injury:	02/01/2006
Decision Date:	08/05/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/20/2013

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 Anesthesiology, Pain Medicine and is licensed to practice in 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 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 injured worker is a 56-year-old male who reported an injury on 02/01/2006, due to an unknown mechanism of injury. The injured worker complained of constant left ankle pain. On 10/04/2013, the physical examination revealed tender talofibular ligaments on the left ankle. There were no diagnostic studies submitted for review. The injured worker had diagnoses of pain in joint, ankle, foot; and FX fibula not otherwise specified, closed. Optional treatments were discussed with the injured worker; however, there was no indication that any other treatments were implemented. The injured worker was on the following medication: Norflex 100 mg, gabapentin-Neurontin 600 mg, morphine sulf ER 15 mg, tramadol 50 mg, ketamine 5% cream at 80 grams, and Cymbalta 60 mg. The current treatment plan is for tramadol HCl tab 50 mg, quantity 180, refills: 5; and Norflex tab 100 mg CR. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL HCL TAB 50MG QTY:180 REFILL:5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-78.

Decision rationale: The request for tramadol HCl tab 50 mg, quantity 180, refills: 5, is not medically necessary. The injured worker has a history of ankle pain. The CA MTUS guidelines state in regards to opioids, that there must be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. It is recommended for ongoing monitoring that the 4 A's (analgesia, activities of daily living, adverse side effect, and aberrant drug taking behaviors) be present in documentation. There was no documentation of a proper pain assessment to include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. In addition, there was a lack of documentation of the 4 A's recommended for ongoing monitoring of opioids. Due to lack of documentation, the request is not medically supported at this time. Given the above, the request for tramadol HCl tab 50 mg, quantity 180, refills: 5 is not medically necessary.

NORFLEX TAB 100MG CR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS(FOR PAIN).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63 & 65.

Decision rationale: The request for Norflex tab 100 mg CR is not medically necessary. The injured worker has a history of ankle pain. The CAMTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term. There is no documentation of when the injured worker began to take the Norflex. Since muscle relaxants are recommended for short term use only, the request is not medically supported at this time. Given the above, the request for Norflex tab 100 mg CR is not medically necessary.