

Case Number:	CM13-0072478		
Date Assigned:	01/08/2014	Date of Injury:	06/10/2013
Decision Date:	04/30/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/31/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 61 year-old male with a reported date of injury on 06/10/2013; the patient was injured when he rolled his ankle while pursuing a suspect at work. The patient had diagnoses including pain in joint, ankle/foot, right ankle grade 1 lateral sprain with distal peroneus brevis tendinitis, and status post right ankle lateral ligament reconstruction. The patient reported ongoing pain to the right foot. The clinical note dated 10/15/2013 noted the patient had muscle strength rated 5/5, range of motion of the right ankle was smooth and without crepitus, and the patient did not have any ankle instability. The patient had pain to the subtalar joint with most of the discomfort arising at the level of the calcaneal cuboids joint and pain along the peroneal longus tendon as it inserted into the base of the first metatarsal of the right foot. The patient reported increased burning pain to the right foot and stiffness to the right foot and ankle and pain of 7/10 when working. The current plan treatment is for Retrospective (DOS: 10/30/13)/prospective usage of Ultram (1x6) and 1 ankle brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE (DOS: 10/30/13)/PROSPECTIVE USAGE OF ULTRAM (1X6):

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Opioids, specific drug list, Ultram Page(s): 78, 93-94.

Decision rationale: The California MTUS guidelines indicate with patients utilizing opioid medications providers should conduct ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Within the provided documentation, the requesting physician did not include an adequate and complete assessment of the patients pain including; current pain, average pain, the least reported pain over the period since the last assessment, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. There was a lack of documentation of objective functional improvement with the medication. The request also failed to indicate the dosage, frequency and the quantity to support the need for the medication. Therefore, the request for Ultram (1x6) is non-certified.

1 ANKLE BRACE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, and Bracing

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-372. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, and Bracing (immobilization)

Decision rationale: ACOEM states putting joints at rest in a brace or splint should be for as short a time as possible. The Official Disability guidelines indicate bracing (immobilization) is not recommended in the absence of a clearly unstable joint. Within the documentation provided there was no clear evidence of right ankle instability which would indicate the patients need for the requested ankle brace. Within the 10/15/2013 clinical note it was indicated the patient had no ankle instability. Therefore, the request for 1 ankle brace is not non-certified.