

Case Number:	CM14-0008385		
Date Assigned:	02/12/2014	Date of Injury:	07/16/2012
Decision Date:	07/22/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/22/2014

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 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 is a 21-year-old male patient, with a 7/16/12 date of injury. He injured himself when he tripped over a forklift and his ankle got stuck on it and he injured his left ankle. A 10/28/13 progress report indicated that the patient complained of pain in his left foot, toes and ankle. He was feeling tingling and burning sensations over his left leg. The patient reported that standing, sitting, or lying was painful and he rated his pain as an 8/10. Ranges of motion of bilateral ankles were decreased, more in the left side. He was diagnosed with lumbosacral sprain with no evidence of radiculopathy, complex regional pain syndrome (reflex sympathetic dystrophy involving both the left, and some of right lower extremity), and ankle sprain. Treatment to date: medication management (Ultram 10/28/13), physical therapy, and nerve block injection. There is documentation of a previous 1/10/14 adverse determination, and the Ultram was modified from 60 tablets to 42 tablets. The reason for the modification was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRAM 50MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there was no evidence of functional gain or pain relief. There was no documentation of urine drug screens, an opiate pain contract, or CURES monitoring. There was a documentation that the patient was at a high risk of aberrant-medication related behavior. There was modification for Ultram # 42. Therefore, the request for Ultram 50mg #60, as submitted, was not medically necessary.