

Case Number:	CM14-0103180		
Date Assigned:	09/16/2014	Date of Injury:	12/04/2012
Decision Date:	10/28/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/03/2014

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 family practice and is licensed to practice in Ohio. 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 37-year-old male with a cumulative trauma type of injury from December 1, 2011 through December 4, 2012. He has been diagnosed with plantar fasciitis of the left foot, foot and ankle contusion, thoracic myositis and myofasciitis, thoracic sprain/strain. The injured worker has had persistent and at times severe pain of the arch of the left foot. He has been treated with naproxen and tramadol. There is documentation that his pain is reduced from a 7/10 to a 2-3/10 with medication. The physical exam reveals persistent tenderness over the plantar fascia of the left foot. There is documentation also those activities of daily living improve with the medication. Evidently the treating physician has been waiting several months for report from the qualified medical examiner. The injured worker states that surgery has been recommended although no documentation is available for review in this regard.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #60 for 2 months: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 74-96..

Decision rationale: The above referenced guidelines state that for those receiving chronic opioid therapy there should be ongoing monitoring of pain relief, functionality, adverse side effects, and any aberrant drug taking behavior. Opioid medication may be continued if there is improvement in pain and functionality. In this instance, there is clear documentation of improvement in pain and functionality as a consequence of taking the opioid tramadol. There has been monitoring for drug side effects and aberrant drug taking behavior. Therefore, Ultram 50mg #60 for 2 months is medically necessary.

Naproxen 550mg #60 for 2 months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Page(s): 67-68.

Decision rationale: The above guidelines allow for NSAID usage for acute exacerbations of low back pain, osteoarthritis, and under certain conditions, neuropathic pain states. The guidelines do not allow for chronic NSAID usage for chronic tendinitis- like conditions such as chronic plantar fasciitis. Therefore, Naproxen 550mg #60 for 2 months is not medically necessary.