

Case Number:	CM14-0019784		
Date Assigned:	04/28/2014	Date of Injury:	10/18/2012
Decision Date:	11/05/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/18/2014

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 Orthopedic 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:

The patient is an injured worker with a history of fracture of the right ankle. Date of injury was 10-18-2012. The progress report dated 09/05/13 documented subjective complaints of right ankle pain and tightness. There was pain with prolonged standing and walking. On examination, there was limited inversion and eversion of bilateral ankles. Treatment plan included continue Naproxen 550 mg and Omeprazole 20 mg, awaiting delivery of orthotic, and physical therapy (PT). The patient was diagnosed with medial malleolar fracture of the right ankle, healed with valgus angulation, and talocalcaneal coalition involving the anteromedial aspect of the posterior subtalar joint with secondary degenerative changes. The patient was status post open reduction internal fixation of the fracture of the right ankle on 11/05/12. Computer Tomography (CT) of the right ankle performed on 08/31/13 documented open reduction internal fixation for an essentially healed fracture of the medial malleolus, talocalcaneal coalition involving the anteromedial aspect of the posterior subtalar joint with secondary degenerative changes, and evidence of prior instrumentation with abnormal linear lucency in the distal tibia obliquely oriented extending to the anterior tibial plafond. X-ray of the right foot performed on 09/05/13 documented clear separation of anterior and posterior of the subtalar joint which could represent a tarsal coalition between the talus and calcaneus. Utilization review determination date was 1/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50MG, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) - Opioids Page(s): 93-94, 113, 123, 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address Ultram (Tramadol). Ultram is a centrally acting synthetic opioid analgesic. Ultram is indicated for the management of moderate to moderately severe pain. MTUS Chronic Pain Medical Treatment Guidelines (Page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of break-through medication may be required for incidental pain, end-of-dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Medical records document that the patient is status post open reduction internal fixation of the fracture of the right ankle on 11/05/12. The patient has pain and objective evidence of pathology on physical examination and imaging studies. Ultram (Tramadol) is indicated for the management of moderate to moderately severe pain. Medical records and MTUS guidelines support the prescription of Ultram (Tramadol). Therefore, the request for Tramadol 50mg, #120 is medically necessary.