

Case Number:	CM14-0124270		
Date Assigned:	08/08/2014	Date of Injury:	09/09/2013
Decision Date:	10/02/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	08/06/2014

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 Physical Medicine & Rehabilitation & Pain Medicine and is licensed to practice in 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 injured worker is a 65-year-old female with a reported date of injury on 09/09/2013. The injury reportedly occurred when the injured worker fell forward out of the shower and twisted her left ankle. Her diagnoses were noted to include left hand trauma with probable scapholunate disassociation, posterior tibial tenosynovitis and partial avulsion, post-traumatic arthritis, capsulitis, metatarsal cuneiform, and subtalar joint to the right foot, and contusion to the right upper arm. Her previous treatments were noted to include medication. The progress note dated 06/17/2014 revealed complaints of pain to her left index finger and right ankle. The physical examination revealed pain and considerable deformity at the proximal interphalangeal joint. The injured worker was unable to flex and extend the finger due to this pain. The pain radiated up into the wrist region, now as well towards the tip of the finger. There is immediate capillary refill and no paresthesias. In regards to the right ankle injury, the pain was concentrated below the anterior and posterior medial malleolus. The injured worker has had difficulty weight bearing due to pain and significantly impacted her activities of daily living because she could not engage in normal activities in the care of her home and herself due to the discomfort and finger injury. The injured worker reported she would like tramadol 50 mg and stated that 1 of the pills in the evening helped her resolve her pain significantly enough that she was able to get a good night's sleep. The Request for Authorization form was not submitted within the medical records. The request was for tramadol 50 mg quantity 90 for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The injured worker has been utilizing this medication since at least 09/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. There is a lack of evidence of decreased pain on a numerical scale with the use of medications. There is a lack of documentation regarding activities of daily living with the use of medications. There was lack of documentation regarding side effects and as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request of Tramadol 50mg #90 is not medically necessary and appropriate.