

Case Number:	CM14-0139128		
Date Assigned:	09/05/2014	Date of Injury:	08/06/2010
Decision Date:	10/09/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/27/2014

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 and Rehabilitation, has a subspecialty in Pain 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 34-year-old male patient who sustained an industrial injury on 08/06/2010 and has diagnosis of fractured ankle-closed. It was noted the patient sustained a forefoot fracture, ankle sprain with ligament injury, hyperextension injury to the second, third and fourth metatarsophalangeal joints, contusion of the Achilles tendon and injury to the posterior calcaneus. Mechanism of injury was not provided. A request for Tramadol ER 100 mg #30 between 7/18/14 and 9/26/14 was non-certified a utilization review on 07/31/14. The reviewing physician noted that ongoing uses supported with the patient reports decreased pain, shows increased level of function, or improved quality of life. The patient has previously utilized tramadol; however, this was recommended to be discontinued at utilization review in May 2013. It appeared the patient did not have access to Tramadol over the past 3 months and had been using Naproxen exclusively. There was no significant change in condition with the discontinuation of Tramadol. X-ray of the right heel dated 08/27/10 revealed no fracture. X-ray of the right foot dated 08/10/09 revealed minimal healing changes of the proximal fourth metatarsal fracture. No significant bridging callus involves the fifth metatarsal fracture. Stable alignment. Right foot x-rays on 06/17/09 revealed fractures of the fourth and fifth metatarsals. Urine toxicology screen dated 05/15/14 appears to be negative for all substances tested. Prescribed medications at the time of urine drug screen were not documented. There are no progress reports included for review with this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: The CA MTUS regarding when to continue opioids indicates if the patient has returned to work or if the patient has improved functioning and pain. It also indicates the lowest possible dose should be prescribed to improve pain and function, and there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the current case, there were no progress notes provided for review. There is no description of pain relief provided, such as VAS scores with and without medication use, and no indication of significant functional benefit or return to work. Urine drug screen is provided; however, the patient tested negative for all substances tested and the patient's current medications were not listed. Therefore, it is not clear if the urine drug screen was consistent or inconsistent. A signed narcotic agreement is not documented. The current request does not specify frequency of dosing. Subjective and objective benefit is not described in the records provided and thus ongoing use of opioids is not indicated in this case. Tramadol ER 100mg #30 is not medically necessary.