

Case Number:	CM14-0153979		
Date Assigned:	09/24/2014	Date of Injury:	06/27/2014
Decision Date:	10/24/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/22/2014

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 Orthopaedic Surgery 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 39-year-old male sustained an industrial injury on 6/27/14. Injury occurred when he fell off a ladder and sustained an intra-articular displaced comminuted distal tibia fracture. He underwent open reduction and internal fixation of the fracture on 6/28/14. The 7/3/14 treating physician report indicated the patient was doing well post-operatively. The treatment plan included a CAM walker, continued non-weight bearing, physical therapy, and medications including Diclofenac, omeprazole, and Tramadol ER. The 8/15/14 progress report indicated that the wound on the distal aspect of the right ankle had opened and was draining. He reported no leg pain. Authorization for repair of the dehisced wound with irrigation and debridement, as well as hardware removal was requested. Medications were continued unchanged. The 8/26/14 utilization review denied the request for Tramadol ER as there was no documentation that the prescriptions were from a single provider, lowest dose was being prescribed, and that guideline-recommended medication management was on-going. The request for a wheelchair was denied as there were no subjective/objective findings to support the medical necessity of use. The request for a post-op shower chair was denied as there was no consistent guideline support for use in this patient's condition. The 9/15/14 progress report indicated that the patient was doing well with mild wound drainage and subsequent reduction of swelling. The treatment plan included hydrotherapy and wound irrigation with dressing changes twice daily at home.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER- Wheelchair-: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Opioids, criteria for use, Tramadol, Page(s): 76-80, 93-94, 113.

Decision rationale: The California MTUS indicate that opioids, such as Tramadol, are recommended for moderate to moderately severe pain. Tramadol is an opioid analgesic and is not recommended as a first line oral analgesic. If used on a long-term basis, the criteria for use of opioids should be followed. In general, continued and long-term use of opioids is contingent upon a satisfactory response to treatment that may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guideline criteria have not been met for continued use of this medication. Tramadol has been prescribed since at least 7/3/14. There is no current pain assessment indicating the level of pain or what benefit has been achieved with the use of this medication. There is no current functional assessment or documentation of objective functional benefit with use of this medication. There is no documented failure of first line oral analgesics. Therefore, this request is not medically necessary.

Post Op Shower Chair: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Knee and Leg, Bathtub seats

Decision rationale: The California Medical Treatment Utilization Schedule does not provide recommendations for shower chairs. The Official Disability Guidelines state that bathtub seats are considered a comfort or convenience item, hygienic equipment, & not primarily medical in nature. Guidelines state that certain durable medical equipment toilet items (commodes) are medically necessary if the patient is room-confined or when prescribed as part of a medical treatment plan for injury or conditions that result in physical limitations. Guideline criteria have not been met. There is no detailed documentation of specific functional limitations to support the medical necessity of a shower chair in the absence of guideline support. Therefore, this request is not medically necessary.