

Case Number:	CM14-0160370		
Date Assigned:	10/06/2014	Date of Injury:	08/22/2013
Decision Date:	12/03/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	09/30/2014

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 Surgeon and is licensed to practice in New York. 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 a 50-year-old female who has ankle pain. The patient has a history of ankle pain. She has a history of trauma to the right foot. X-rays and MRI the right ankle revealed evidence of posterior tibial tendinitis. The x-rays are normal. The patient has chronic ankle pain when walking. She is diagnosed with tibial tendinitis. She's had medications and exercises. She's use a cam boot walker. Patient continues to have pain. The patient's date of injury is August 28, 2013. On physical examination she has tenderness along the posterior tibial tendon. There is negative Tinel's over the tarsal tunnel. Pulses are intact. Sensation is intact. There is no instability of the ankle and range of motion is good. At issue is whether multiple medications are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS chronic pain treatment guidelines

Decision rationale: This patient does not meet establish criteria for Tramadol. MTUS chronic pain guidelines do not recommend narcotic or narcotic derivative medicine for chronic pain. In addition the medical records do not document that the patient has had significant benefit with previous narcotic use. In addition the medical records do not document that the patient involved in a functional restoration program. Therefore, Tramadol for chronic foot pain is not medically necessary.

Tramadol ER 150 mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS chronic pain treatment guidelines

Decision rationale: This patient does not meet establish criteria for Tramadol. MTUS chronic pain guidelines do not recommend narcotic or narcotic derivative medicine for chronic pain. In addition the medical records do not document that the patient has had significant benefit with previous narcotic use. In addition the medical records do not document that the patient involved in a functional restoration program. Therefore, Tramadol for chronic foot pain is not medically necessary.

Anaprox 550 mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS chronic pain treatment guidelines

Decision rationale: Criteria for Anaprox not met. There is no documentation of a trial and failure of first line NSAIDs such as Motrin. It remains unclear from the medical records exactly what pain meds including NSAIDS the patient has already used and the effect of those meds is not documented. Therefore, this request is not medically necessary.

Keflex 550 mg #28: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS chronic pain treatment guidelines

Decision rationale: This patient has a date of injury dating back to over a year ago. It is unclear exactly what medications the patient is taken from the medical records. The records do not

justify the need for prophylactic antibiotic or active infection treatment with the antibiotic Keflex. Keflex is not medically needed.