

Case Number:	CM14-0166200		
Date Assigned:	10/13/2014	Date of Injury:	05/02/2009
Decision Date:	11/25/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/08/2014

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 American Board Family Practice 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:

47 yr. old male claimant sustained a work injury on 5/2/09 involving the right foot and ankle. An MRI in November of 2013 showed tenosynovitis of the peroneal tendons with degenerative findings. A progress note on 10/7/14 indicated the claimant had a prior left foot osteotomy and repair of the peroneal tendon with residual pain. Exam findings were notable for right foot pain and edema along the ankle. There was limited inversion and eversion. The left foot had a cocked 3rd and 4th metatarsal. He was diagnosed with congenital pes cavovarus of the ankle and foot along with metatarsalgia, peroneal tendon tear with tendonitis and hammer toe deformities. He was educated on surgical management of his right foot. He was previously on Norco and Meloxicam for pain. The treating physician requested Ultram 50 mg TID for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93-94.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, there is limited evidence for chronic ankle/foot pain. It is also not 1st line for osteoarthritis. There is no indication in the notes why Tramadol was needed when the claimant had been on another opioid - Norco and NSAID-Meloxicam. The continued use of Tramadol (Ultram) as above is not medically necessary.