

Case Number:	CM14-0177242		
Date Assigned:	10/30/2014	Date of Injury:	12/19/2013
Decision Date:	12/05/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/27/2014

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 Occupational Medicine and is licensed to practice in Massachusetts, New Hampshire, and 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 injured worker is a 41-year-old male who reported an injury on 12/19/2013. The mechanism of injury was not submitted for clinical review. The diagnoses included lisfranc injury, left foot status post open reduction internal fixation, and complex regional pain syndrome. The previous treatments included medication, physical therapy, and surgery. Within the clinical note dated 08/22/2014, it was reported the injured worker was following up on his left foot and ankle. Upon the physical examination, the provider indicated the injured worker had a well-healed surgical incision on his left foot. The injured worker had residual swelling and walks with an antalgic gait. Ankle motion was restricted on the left with dorsiflexion about 8 to 10 degrees and plantarflexion of 35 degrees. There was decreased sensation over the dorsum of the foot. The provider requested Ultram, and a repeat weight bearing left foot x-ray with anteroposterior (AP), lateral and oblique views, to help assist his progress and determine the need for further physical therapy. However, the request for authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 77-78.

Decision rationale: The request for Ultram 50 mg is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The provider failed to document an adequate and complete pain assessment within the documentation. The use of a urine drug screen was not submitted for clinical review. Additionally, the request submitted failed to provide the frequency and the quantity of the medication. Therefore, the request is not medically necessary.

One (1) set of repeat weight bearing left foot x-rays with anteroposterior (AP), lateral and oblique views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

Decision rationale: The request for 1 set of repeat weight bearing left foot x-rays with AP, lateral and oblique views is not medically necessary. The California MTUS/ACOEM Guidelines note for most cases presenting with true foot and ankle disorders, special studies are usually not needed until after a period of conservative care and observation. Most ankle and foot problems improve quickly once any red flag issues are ruled out. Routine testing including plain films and radiographs of the foot or ankle and special imaging are not recommended during the first month of activity limitation. The guidelines note radiographs are obtained to rule out fractures. There is lack of significant objective findings warranting the medical necessity for the request. The injured worker previously underwent radiographs of the left foot which revealed a stable alignment of the tarsometatarsal joints with persistent osteopenia. Therefore, an additional x-ray would not be medically warranted. Therefore, the request is not medically necessary.