MAXIMUS Federal Services

Case Number:	CM14-0022895		
Date Assigned:	06/11/2014	Date of Injury:	05/07/2013
Decision Date:	07/15/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/24/2014

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 & Pain Management, has a subspecialty in Sports Medicine and is licensed to practice in Oklahoma and Texas. 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 25 year old male who reported an injury on 05/07/2013. The injured worker reported while lifting a dolly it fell on his 5th toe. The injured worker complained that his right foot bothered him a great deal, that there was pain around the metatarsal head that extended down to the tip of the toe. The injured worker rated his pain at an 8 on a scale of 1 to 10. On physical examination the injured worker displayed edema of the right 5th toe, tenderness to palpation along the dorsal and lateral aspects of the 5th metatarsal head and the entire 5th toe. The injured worker's muscle strength was 5/5 in all directions of the right foot. The injured worker had an x-ray of the 5th toe that showed a healed fracture. The injured worker has diagnoses of chronic pain, contusion of the foot, fracture of the phalanges right foot, pain in joint of ankle and foot. The injured worker has had sessions of acupuncture, 2 times a week for 3 weeks and the use of medications for pain. The injured worker's medications were Tramadol 50 mg 1 tablet 4 times a day #120 and Tylenol. The injured worker has been compliant with MTUS guidelines by completing the required random urinalysis. The plan of treatment was for a pain management counseling 1x6. The rationale given is that the injured worker would benefit from the counseling to reduce the use of medication use, improve function and reduce pain. The request for authorization was submitted on 01/29/2014 by [redacted]

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT COUNSELING 1X6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 1042.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 22.

Decision rationale: The injured worker complained that his right foot bothered him a great deal, that there was pain around the metatarsal head that extended down to the tip of the toe. The injured worker rated his pain at an 8 on a scale of 1 to 10. The California Medical Treatment Utilization Schedule (MTUS) guidelines state the identification and reinforcement coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. MTUS guidelines recommend an initial trial of 3-4 psychotherapy visits over 2 weeks. The request for submitted is for 1x6 exceeding MTUS guidelines. Although the injured worker continues to complain of pain, this is expected with soft tissue damage and can take weeks to resolve. Furthermore, there is lack of documentation as to whether the injured worker has and will benefit from psychotherapy. As such, the request for pain management counseling 1x6 is not medically necessary and appropriate.

TRAMADOL 50MG QID #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic Page(s): 80.

Decision rationale: The injured worker complained that his right foot bothered him a great deal, that there was pain around the metatarsal head that extended down to the tip of the toe. The injured worker rated his pain at an 8 on a scale of 1 to 10. The California Medical Utilization Schedule (MTUS) guidelines require documentation of on-going review, documentation of pain relief, functional status, appropriate medication use and side effects for the injured worker on the chronic opioid therapy. MTUS guidelines also state that there appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line medication options such asAcetaminophen or NSAIDs when there is evidence of moderate to severe pain. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. The injured worker is recovering from a soft tissue and 5th toe fracture. The injured worker had complaints of on-going pain and cold sensation 2-3 times a week. Noted in the report the pain was managed with Tylenol. There are no indications that Tramadol is needed in this situation as it is no longer in the acute phase and there is not any remaining functional deficits noted. The request is not medically necessary and appropriate.