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| Case Number: | CM14-0029746 | | |
| Date Assigned: | 04/09/2014 | Date of Injury: | 11/26/2002 |
| Decision Date: | 05/08/2014 | UR Denial Date: | 01/16/2014 |
| Priority: | Standard | Application Received: | 01/23/2014 |

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 Internal Medicine, and Pulmonary Diseases, 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:

The injured worker is a 61-year-old male who reported an injury on 11/26/2002. The mechanism of injury was not provided in the medical records. The 07/12/2013 clinic note reported a complaint of right ankle and foot pain rated at 6/10 to 7/10 without medications and 4/10 to 5/10 with medications. The note stated the injured worker was unable to tolerate oral anti-inflammatory medication due to gastric irritation. Therefore, he was recommended Voltaren gel and continuation of Tramadol 50 mg. The 12/11/2013 clinic note reported the injured worker was getting significant relief from the use of Tramadol and Voltaren gel. The 02/14/2014 clinic note reported a complaint of right ankle, low back, left leg, and left ankle pain rated at 5/10 with medications and 9/10 without. The note reported a deformity in the right foot. On examination, he had limited range of motion of the right ankle with 0 to 5 degree dorsiflexion, 0 to 10 degree plantar flexion, tenderness over the right subtalar joint, numbness in the dorsal aspect, straight leg raise positive on the left, flat feet, swelling of the left ankle, and joint enlargement of the left ankle. The note reported electrodiagnostic studies showed right S1 radiculopathy, possible tarsal tunnel syndrome, and diffuse sensory peripheral neuropathy. He was recommended to continue his medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50MG, #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 84, and 93.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines states this drug may decrease pain intensity, produce symptom relief, and improve function for a time period of up to three months but the benefits are small. The documentation submitted indicates the injured worker has been using tramadol as early as 07/2013, which exceeds the recommended duration of 3 months. Additionally, the documentation did not provide evidence of functional improvements from the use of tramadol and; therefore, efficacy cannot be determined. The request for Tramadol 50 mg # 180 is not medically necessary and appropriate.