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| Case Number: | CM14-0058748 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 07/07/2013 |
| Decision Date: | 08/12/2014 | UR Denial Date: | 04/16/2014 |
| Priority: | Standard | Application Received: | 04/29/2014 |

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 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:

Patient is a 62 year-old female with date of injury 07/07/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 03/13/2014, lists subjective complaints as pain in the left ankle and left foot underneath the middle toes. Objective findings: Examination of the left ankle revealed range of motion to plantarflexion was 10 degrees and dorsiflexion was 15 degrees. There was tenderness to palpation over the lateral malleolus. Diagnosis: left ankle sprain. The medical records provided for review document that the patient had not been prescribed the following medications before the request for authorization on 03/13/2014. Medications: 1. Ultram ER 150mg, #30 SIG: by mouth every day as needed 2. Methyl Salicylate 15% SIG 3 times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150 mg p.o. every day (q.d) prn # 30 (MED 30): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 78, 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 113.

Decision rationale: The patient was given a modified certification for Ultram ER for the purpose of weaning off her medication under the supervision of her physician. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is no documentation of functional improvement supporting the continued long-term use of opioids. Therefore, the request for Ultram ER 150 mg by mouth every day, as needed # 30 (MED 30) is not medically necessary.