

<b>Case Number:</b>	CM14-0071413		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	12/09/2010
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 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 patient is a 43 year old female with date of injury 12/09/10. The patient twisted and rolled her right foot. The treating physician report dated 3/17/14 indicates that the patient presents with worsening pain affecting the plantar portion of her right foot, which she rates as 7-9/10. Current physical examination findings reveal that symptoms have improved with use of H-wave. The patient is trying to obtain authorization for surgery. The patient has undergone electromyogram (EMG) and nerve conduction velocity (NCV), x-rays of the lumbar spine, x-rays of the right foot, CT of the right foot, and acupuncture as well as right foot MRI scan, which was normal. The patient is temporarily partially disabled and is on modified duty. The current diagnoses are: 1.Right lateral epicondyle2.Left greater trochanter bursitis3.Lumbar strain4.L4-5 disc displacement/degeneration with annular tear5.Left knee strain with normal MRI scan from 6/13/116.Bilateral plantar fasciitis, per MRI 1/23/12 and exam7.Right fifth metatarsal base fracture, healed per MRI 1/23/12 and CT scan 10/12/12.The utilization review report dated 4/14/14 denied the request for Tramadol 50 mg, #90 based on the rationale that there is no documentation of compliance with the California MTUS Guidelines for opioids.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic pain Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for neuropathic pain, TRAMADOL Page(s): 81-82, 113, 93-94.

**Decision rationale:** This is a 43 year old female who presents with worsening pain affecting the plantar portion of her right foot. The current request is for Tramadol 50 mg, #90. The MTUS Guidelines state that "It is now suggested that rather than simply focus on pain severity, improvements in a wide range of outcomes should be evaluated, including measures of functioning, appropriate medication use, and side effects. Measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." According to the records the patient has been prescribed tramadol since at least since March 5, 2013. On the treating physician's report dated 9/23/13 the patient states that the Tramadol is not controlling her pain. The treating physician states that he will prescribe a Butrans Patch as the Tramadol has been sub-optimally controlling her pain. Aside from the statement that tramadol does not control the patient's pain there is no information provided in the medical records that assesses the patient's "current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts." Therefore, the request for Tramadol 50mg #90 is not medically necessary and appropriate.