

Case Number:	CM14-0090895		
Date Assigned:	09/10/2014	Date of Injury:	05/21/2013
Decision Date:	10/29/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/16/2014

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 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:

Medical records reflect the claimant is a 68 year old female who sustained a work injury on 5-21-13. Office visit on 3-11-14 notes the claimant reports orthotic are working well. She had no complaints of pain in the toe. Incidental note was made of signficnat plus planovalgus with collapse of both medial arches and eversion of both heels as well has hallux abductovalgus deformity bilaterally. None of these are work related. On exam, the claimant had full range of motion of the great toe, sensation was intact. Assessment made of right toe crush injury with questionable fracture resolved. The claimant continued regular work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 25 mg #120:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG pain Chapter, anti-epilepsy drugs (AEDs) for pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti epileptic Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter - anti epileptic

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG reflect that anti-epileptics are recommended for neuropathic pain. The claimant had no toe complaints. Sensation was intact. There is no documentation of neuropathic pain. Therefore, the medical necessity of this request is not established.

Ultram ER 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter - Tramadol (Ultram)

Decision rationale: Chronic Pain Medical Treatment Guidelines reflect that Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is an absence in documentation noting the claimant has failed first line of treatment or that she requires opioids at this juncture. She has no pain complaints and no positive physical exam findings. Therefore, the medical necessity of this request is not established.