

Case Number:	CM14-0183021		
Date Assigned:	11/07/2014	Date of Injury:	02/11/2012
Decision Date:	01/05/2015	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	11/03/2014

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:

The patient is a 67-year-old male who has submitted a claim for status post nail penetration injury with surgery of foot and right grade 1 plantar fasciitis associated with an industrial injury date of 2/11/2012. Medical records from 2014 were reviewed. The patient complained of constant sharp pain in his right foot rated 4/10 in severity associated with weakness. Aggravating factors included prolonged sitting, standing and walking. Physical examination showed tender 3rd digit of the right foot, limited right ankle motion and antalgic gait. Treatment to date has included physical therapy, acupuncture, ibuprofen, naproxen and topical cream. The utilization review from 10/3/2014 denied the request for tramadol HCl 100mg ER QTY 90 day supply 30. Reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 100mg ER QTY 90 day supply 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to pages 76-81 of CA MTUS Chronic Pain Medical Treatment Guidelines, a therapeutic trial of opioids is recommended in cases where non-opioid analgesics have failed, goals of therapy have been set, baseline pain and functional assessments have been made, likelihood of improvement is present, and likelihood of abuse or adverse outcome is absent. There is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient complained of constant sharp pain in his right foot rated 4/10 in severity associated with weakness. Aggravating factors included prolonged sitting, standing and walking. Physical examination showed tender 3rd digit of the right foot, limited right ankle motion and antalgic gait. Current medications include Ibuprofen and topical creams. However, there is no documented rationale for prescribing Tramadol. The medical necessity cannot be established due to insufficient information. Therefore, the request for Tramadol HCl 100mg ER QTY 90 day supply 30 is not medically necessary.