

Case Number:	CM14-0197157		
Date Assigned:	12/16/2014	Date of Injury:	01/21/2009
Decision Date:	01/28/2015	UR Denial Date:	10/25/2014
Priority:	Standard	Application Received:	11/24/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and acupuncture 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:

Injured worker is a 30 year old male with date of injury 01/21/2009. Date of the UR decision was 10/25/2014. He developed a left sided closed ankle fracture status post fall while performing work duties. Per Progress Report dated 10/18/2014, he presented with subjective complaints of continued left ankle pain with a pain level of 4/10. He reported that his pain level was controlled with Tramadol/APAP 37.5/325mg. The report indicated that the injured worker was working full time although sometimes the pain increases after work, prolonged walking, and climbing a ladder. Physical examination revealed full range of motion, surgical scar in his left medial ankle, and antalgic gait. He was diagnosed with left ankle fracture, status post traumatic fall, pain of the lower and upper extremity, and myofascial pain. He was continued on Tramadol/APAP, Terocin cream and was recommended to continue home exercise program and self care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 37.5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates
Page(s): 61,78.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 As' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals documentation to support the medical necessity of tramadol regarding function, in that it has enabled the IW to return to work full time. However, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends to discontinue opioids if there is no screening for risk, medical necessity cannot be affirmed.