

Case Number:	CM14-0098169		
Date Assigned:	07/28/2014	Date of Injury:	09/19/2011
Decision Date:	03/09/2015	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/26/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

On 9/19/11, this 45 year old male sustained an industrial injury with a left distal fibula fracture. The injured worker underwent surgery with a metal plate placed in the left ankle that was later removed. Additional treatment included physical therapy, podiatry consultation, pain management consultation, steroid injection and medications. The injured worker complained of ongoing left ankle pain with stabbing, numbness, hypersensitivity and spasms. EMG/NCV (12/16/13) of bilateral lower extremities showed right peroneal neuropathy. In a PR-2 dated 5/19/14, the injured worker complained of left ankle pain 8/10 with radiation to the left knee impacting functional mobility. Current diagnoses included status post open reduction and internal fixation of the left distal fibula fracture with residual left ankle pain and impairment, abnormality of gait and right peroneal neuropathy. Current medications included Tramadol 150 mg one to two times per day. The injured worker reported that the medication helped with the pain. Work status was modified; however, the physician noted that the injured worker was approaching permanent and stationary status. Physical exam was remarkable for some edema around the ankle and over the foot. The injured worker had difficulty with heel-walking and toe walking. There was stiffness with range of motion of the left ankle. The treatment plan included a Pro-Stim 5.0, a Solar Care heating system and continuing Tramadol 150 mg one to two times per day. On May 5, 2014, Utilization Review noncertified a request for Tramadol HCL 100 MG ER, quantity 60, citing CA MTUS and ACOEM guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL100mg ER #60/30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 82-92.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with chronic pain, the claimant had been on Tramadol since at least 2013. There was no indication of Tylenol or NSAID failure. There was no indication of pain scale response to the medication over time. Long term opioid use can lead to addiction and tolerance. The continued and chronic use of Tramadol as above is not medically necessary.