

Case Number:	CM15-0103817		
Date Assigned:	06/08/2015	Date of Injury:	08/26/2014
Decision Date:	07/07/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	05/29/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old male injured worker suffered an industrial injury on 08/26/2014. The diagnoses included right ankle/foot Achilles's tendonitis, plantar fasciitis, partial tear of the Achilles's tendon, and cervical/ lumbar musculoligamentous sprain/strain. The diagnostics included bilateral knee ultrasound and magnetic resonance imaging of the right foot/ankle. The injured worker had been treated with medications. On 5/12/2015 the treating provider reported tenderness of the right hand with triggering of the ring finger that was worsening rated as 8/10 along with weakness and soreness. On exam there was swelling and tenderness of the right foot/ankle over the Achilles's tendon. There was reduced range of motion of the ankle/foot. The pain with medications was 5/10 and 8 to 9/10 without medications. The treatment plan included Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER150 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96 On-Going Management.

Decision rationale: Pain symptoms and clinical findings remain unchanged for this injury of August 2014 with the patient reporting worsening symptoms. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this injury. The Ultram ER150 mg #30 is not medically necessary and appropriate.