

<b>Case Number:</b>	CM15-0134373		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	04/17/2003
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2015

### 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 injured worker is a 42 year old female with an industrial injury dated 04/17/2003. The mechanism of injury is documented as being ejected from a harvester. Her right foot and ankle were caught in the machine as her body went flying out of the machine causing an injury to the right foot and ankle. Her diagnoses included chronic right ankle ATFL (anterior talofibular ligament) tear, right peroneal tendonitis, status post right foot plantar fascia release and status post right tarsal tunnel syndrome release. Prior treatment included pool exercises, medications and aquatic therapy. She presents on 06/25/2015 with right foot and ankle pain. The provider documents updated MRI of right ankle was completed on 05/14/2015 and demonstrated attenuated anterior talofibular ligament suggesting a remote sprain or rupture. No change from previous MRI. Physical examination noted tenderness along the anterior talofibular ligament as well as along the peroneal tendons posterior to the malleolus. She was tender along the origin of the plantar fascia. Treatment plan included medications and laboratory tests. The treatment for LFT (liver function tests) was authorized. The treatment request for review is BUN (blood urea nitrogen), creatinine lab and one prescription of Tramadol 50 mg # 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BUN:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Michigan Quality Improvement Consortium. Diagnosis and management of adults with chronic kidney disease. Southfield (MI): Michigan Quality Improvement Consortium; 2013 May. 1 p.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines periodic lab monitoring of CBC and chemistry profile Page(s): 70.

**Decision rationale:** The patient presents with right foot and ankle pain. The request is for BUN. Patient is status post left ankle surgery 2009 and right plantar fascial release and Baxter's Nerve release 04/04/11. Physical examination to the right foot and ankle on 06/25/15 revealed tenderness to palpation along the anterior talofibular ligament, along the peroneal tendons posterior to the malleolus, and along the origin of the plantar fascia. Per 05/22/15 progress report, patient's diagnosis include chronic right ankle ATFL tear, right peroneal tendinitis, status post right foot plantar fascia release, and status post right tarsal tunnel syndrome. Patient's medications, per 04/21/15 progress report include Soma, Norco and Naprosyn. Patient's work status is permanent work restriction. MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests)". MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, "There has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established". In progress report dated 06/25/15, treater's reason for the request is to assess the kidneys for toxicity, because the patient has been utilizing Norco, Soma and Naproxen on a chronic basis. Review of the medical records provided did not indicate prior lab work. Given the patient's chronic use of medications and guideline support for chemistry profile, including renal function test, the request appears reasonable. Therefore, it is medically necessary.

**Creatinine Lab:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Michigan Quality Improvement Consortium. Diagnosis and management of adults with chronic kidney disease. Southfield (MI): Michigan Quality Improvement Consortium; 2013 May. 1 p.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines periodic lab monitoring of CBC and chemistry profile Page(s): 70.

**Decision rationale:** The patient presents with right foot and ankle pain. The request is for CREATININE LAB. Patient is status post left ankle surgery 2009 and right plantar fascial release and Baxter's Nerve release 04/04/11. Physical examination to the right foot and ankle on 06/25/15 revealed tenderness to palpation along the anterior talofibular ligament, along the peroneal tendons posterior to the malleolus, and along the origin of the plantar fascia. Per 05/22/15 progress report, patient's diagnosis include chronic right ankle ATFL tear, right peroneal tendinitis, status post right foot plantar fascia release, and status post right tarsal tunnel syndrome. Patient's medications, per 04/21/15 progress report include Soma, Norco and

Naprosyn. Patient's work status is permanent work restriction. MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests)". MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, "There has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established". In progress report dated 06/25/15, treater's reason for the request is to assess the kidneys for toxicity, because the patient has been utilizing Norco, Soma and Naproxen on a chronic basis. Review of the medical records provided did not indicate prior lab work. Given the patient's chronic medication use and guideline support for chemistry profile, including renal function test, the request appears reasonable. Therefore, it is medically necessary.

### **1 prescription of Tramadol 50mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Tramadol Page(s): 60, 61, 88, 89, 76-78, 113.

**Decision rationale:** The patient presents with right foot and ankle pain. The request is for TRAMADOL 50 MG # 60. Patient is status post left ankle surgery 2009 and right plantar fascial release and Baxter's Nerve release 04/04/11. Physical examination to the right foot and ankle on 06/25/15 revealed tenderness to palpation along the anterior talofibular ligament, along the peroneal tendons posterior to the malleolus, and along the origin of the plantar fascia. Per 05/22/15 progress report, patient's diagnosis include chronic right ankle ATFL tear, right peroneal tendinitis, status post right foot plantar fascia release, and status post right tarsal tunnel syndrome. Patient's medications, per 04/21/15 progress report include Soma, Norco and Naprosyn. Patient's work status is permanent work restriction. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Treater does not discuss this request. Review of the medical records provided indicate that the patient received a prescription for Tramadol on 02/18/15. However, treater has not discussed how Tramadol decreased pain and significantly improved patient's activities of daily living. There are no UDS, opioid pain agreement, or CURES reports addressing aberrant behavior; no discussions with specific adverse affects, aberrant behavior, ADL's, etc. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.