

Case Number:	CM15-0141651		
Date Assigned:	07/31/2015	Date of Injury:	08/26/2013
Decision Date:	08/31/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/22/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 (IW) is a 36-year-old female who sustained an industrial injury on 08-26-2013. Diagnoses include left ankle chronic strain with mild instability, arthralgia with Achilles tendinopathy and neurologic findings of the left lower extremity, disproportionate, objectify. Treatment to date has included medications, physical therapy, joint injection and activity modification. According to the progress notes dated 6-9-2015, the IW reported left ankle pain rated 7 out of 10 and compensatory right ankle pain rated 3 out of 10. She complained of pain when walking. On examination, there was tenderness in the left ankle with crepitation on range of motion (ROM) assessment. The ATFL (anterior talofibular ligament) showed instability on clinical testing. There was full ROM of the subtalar joint, no signs of infection, no chronic regional pain syndrome and the Achilles tendon was intact. Medications were Cyclobenzaprine, Tramadol, Naproxen, Pantoprazole and Hydrocodone. A request was made for Tramadol 100mg, #60 and Naproxen 550mg, #60 for treatment of pain to facilitate improved tolerance of activity and function.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tablets of Tramadol 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 100mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are left ankle chronic strain with mild instability/arthritis with Achilles tendinopathy. The date of injury is August 26, 2013. The request for authorization is June 30, 2015. A progress note dated January 6, 2015 shows the injured worker was prescribed hydrocodone 10 mg, tramadol 150 mg b.i.d., naproxen 550 mg b.i.d., Flexeril 7.5 mg TID and pantoprazole. Subjectively, the injured worker complained of left ankle pain 8/10. According to a progress note dated March 3, 2015 tramadol 150 mg was changed to tramadol ER 100 mg. There was no clinical rationale in the medical record for the change. Subjectively, the injured worker had continued left ankle pain 7/10 with compensatory right ankle pain. According to a June 9, 2015 progress note, each worker had ongoing subjective complaints of left ankle pain 7/10 and right ankle pain 3/10. Objectively, there was tenderness palpation with crepitus at the left ankle. There was mild instability ATLF (?). There is no documentation demonstrating objective functional improvement to support ongoing tramadol ER 100 mg. There is no documentation demonstrating objective functional improvement with any of the other medications. There was no subjective improvement based on pain scores. Consequently, absent clinical documentation demonstrating objective functional improvement with tramadol ER and a clinical rationale for changing tramadol ER, Tramadol 100mg #60 is not medically necessary.

60 Tablets of Naproxen 550mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Naproxen 550mg #60 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with

moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional nonsteroidal anti-inflammatory drugs and COX-2 nonsteroidal anti-inflammatory drugs in a knock at all terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are left ankle chronic strain with mild instability/arthralgia with Achilles tendinopathy. The date of injury is August 26, 2013. The request for authorization is June 30, 2015. A progress note dated January 6, 2015 shows the injured worker was prescribed hydrocodone 10 mg, tramadol 150 mg b.i.d., naproxen 550 mg b.i.d., Flexeril 7.5 mg TID and pantoprazole. Subjectively, the injured worker complained of left ankle pain 8/10. According to a progress note dated March 3, 2015 tramadol 150 mg was changed to tramadol ER 100 mg. There was no clinical rationale in the medical record for the change. Subjectively, the injured worker had continued left ankle pain 7/10 with compensatory right ankle pain. According to a June 9, 2015 progress note, each worker had ongoing subjective complaints of left ankle pain 7/10 and right ankle pain 3/10. Objectively, there was tenderness palpation with crepitus at the left ankle. There was mild instability ATLF (?). There is no documentation demonstrating objective functional improvement with naproxen 550 mg. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There was no attempt at weaning Naproxen 550 mg. There was no subjective improvement based on static pain scores. Consequently, absent clinical documentation demonstrating objective functional improvement and attempted tapering of Naproxen, Naproxen 550mg #60 is not medically necessary.