

Case Number:	CM15-0148503		
Date Assigned:	08/11/2015	Date of Injury:	08/30/2013
Decision Date:	09/15/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	07/30/2015

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: Preventive Medicine, Occupational 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 is a 38-year-old male, who sustained an industrial injury on 08-30-2013 secondary to a fall off the top of a ladder resulting in right foot and low back pain. On most recent provider visit dated 06-01-2015 the injured worker has reported lumbar spine area pain, right ankle pain and stress due to foot pain. On examination of the lumbar spine revealed, trigger point to the bilateral lumbar paraspinal muscles for L1 to L4 and multifidus. Yeoman's sign was positive bilaterally. Ankles and feet were note to have +1 spasm and tenderness to the right anterior heel, right lateral malleolus and plantar fascia was noted. The diagnoses have included fracture of right calcaneus and tendinitis, bursitis and capsulitis of the right foot, lumbar disc displacement without myelopathy and anxiety. The injured worker was noted to be working on restriction. Treatment to date has included medication, acupuncture, physical therapy, brace and home exercise program. The provider requested retrospective Tramadol 50mg #30 (DOS 06/29/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tramadol 50mg #30 (DOS 06/29/2015): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, there is no objective evidence of functional improvement or significant decreases in pain with the prior use of this medication. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for retrospective Tramadol 50mg #30 (DOS 06/29/2015) is determined to not be medically necessary.