

Case Number:	CM15-0161399		
Date Assigned:	09/24/2015	Date of Injury:	09/17/2014
Decision Date:	10/29/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/18/2015

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: 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:

This is a 38 year old male, whose date of injury was September 17, 2014. The medical records (7-1-15) indicated the injured worker was diagnosed with left distal fibular fracture, abrasion of the right shin, complex regional pain syndrome, and stress and anxiety secondary to chronic pain. His pain remained the same since his previous evaluation with a pain level of 7-8 on a 10-point scale. He reported difficulty putting weight on the left lower extremity stance-gait. His medications include Ultram ER (since at least 4/13/15) and Voltaren gel (since at least 4/13-15). Prior chiropractic therapy helped him with the ability to put some weight on the left foot and increased his standing-walking time from 5 to 10-15 minutes. On physical examination, the injured worker had mild swelling of the ankle and increased weight bearing to the right lower extremity with stance-gait. Active range of motion of the right ankle was decreased with extension to 7 degrees, flexion to 20 degrees, inversion to 10 degrees and eversion to 5 degrees. He had difficulty and increased pain with heel-toe walk. He had grade 4-5 weakness in plantar flexion and dorsiflexion. A request for authorization for Ultram ER 150 mg #30 and Voltaren XR 100 mg #30 was submitted. On July 28, 2015, the Utilization Review physician determined Ultram ER 150mg #30 be modified to Ultram ER 150 #23 and determined Voltaren XR 100 mg #30 was not medically necessary based on the CA MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Ultram ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

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 back pain, the claimant had been on opioids including Ultram recently and Norco prior to this. Pain scores were not significantly improved. Long-term use is not recommended. Pain reduction attributed to Ultram use with Voltaren XR cannot be determined. Continued Ultram use is not substantiated and not medically necessary.

1 prescription for Voltaren XR 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Diclofenac (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Voltaren XR for several months in combination with Ultram without significant improvement in pain scores. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Voltaren XR is not medically necessary.