

Case Number:	CM15-0168591		
Date Assigned:	09/09/2015	Date of Injury:	07/29/2014
Decision Date:	10/08/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/27/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 39 year old female who sustained an industrial injury on 07-29-2014. She incurred a left ankle sprain-strain with a non-displaced posterior malleolar fracture. The injured worker was diagnosed as having chronic severe pain and swelling with coldness of left ankle-foot probably complex regional pain syndrome, lumbar spine degenerative disc disease and disc tear with severe low back and radicular pain. She also has chronic neck and upper back pain secondary to myofascial pain syndrome. Treatment to date has included casting for 6 weeks of the left ankle. A left ankle MRI (09-29-2014 reported a healing non-displaced posterior malleolar fracture, moderate ankle effusion, mild sprain of the anterior tibiofibular and anterior talofibular ligaments. Currently, the injured worker complains of low back pain down to the left buttock, left lateral posterior thigh, and calf with severe left ankle-foot pain and swelling, and neck and upper back pain. On exam, the worker has bilateral edema in the feet (left worse than right). There is tenderness to palpation of the cervical paraspinal muscles, and in the right upper trapezium. Palpation of the lumbar paraspinal muscles and buttock elicit moderate tenderness on the left. Palpation of the ankle-foot elicits mild to moderate tenderness on the left with coldness in the left foot. Muscle strength is intact. Sensation was intact to pinprick in the upper and lower extremities except decreased to pinprick in the left foot and leg. The treatment plan includes Ultram, Gabapentin, continued home exercises, and consideration of a lumbar sympathetic block. A request for authorization was submitted for Ultram 50mg #60, and Gabapentin 300mg #120. A utilization review decision (08-14-2015) non-certified the request for Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Opioids criteria for use, Weaning of medications Page(s): 78-80, 93- 94, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. Although, Ultram may be needed to help with the patient pain, it may not help with the weaning process from opioids. Ultram could be used if exacerbation of pain after or during the weaning process. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. In this case, there is no clear evidence of functional improvement with the previous use of Ultram. It has even been reported in the progress report dated March 30, 2015 that Ultram made the patient paranoid and hyper. There is no clear justification for the need to continue the use of Tramadol. Therefore, the prescription of Ultram 50mg #60 is not medically necessary.