

Case Number:	CM15-0192168		
Date Assigned:	10/06/2015	Date of Injury:	03/01/2013
Decision Date:	11/16/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/30/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 43 year old male, who sustained an industrial injury on March 1, 2013, incurring left eye, right wrist, left leg and feet injuries. He developed open sores on his wrist under his left eye and in the left pubic region and feet. He was diagnosed with Methicillin Resistant Staph infection. Treatment included blood testing, pain medications, antibiotics, and modified work duties. Currently, the injured worker complained of ongoing numbness, tingling, and burning sensation of the left foot. He had developed multiple lesions with infection in the foot region. Treatment included neuropathic medications, sleep aides, antianxiety medications and antidepressants. He noted sharp stabbing, electrical radiating pain and was unable to wear any type of shoes. He was unable to work after March 1, 2013. The injured worker developed depression, anxiety and panic attacks with agoraphobia secondary to the chronic pain. The treatment plan that was requested for authorization on September 30, 2015, included a prescription for Tramadol 50 mg #120 with 2 refills. On September 4, 2015, a request for Tramadol was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, #120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: The patient sustained a cumulative trauma work injury, with date of injury in March 2013 attributed to exposure to MRSA while working as a sales inspector. He developed multiple left lower extremity foot infections. He has chronic pain and secondary depression, anxiety, and panic attacks. When seen, he had stopped taking gabapentin for about two months. He was having sharp, radiating, burning, electrical pain that was awakening him. He was continuing to take tramadol, reported as helping to control his pain level. When seen, he was requesting another medication to replace the gabapentin. Physical examination findings included decreased left foot sensation. There was pain with palpation of the first through fifth metatarsal heads and first through third interspaces. There was pain with metatarsal compression. There was an antalgic gait without use of an assistive device. Lyrica was prescribed and tramadol 50 mg #120 was refilled. Tramadol is an immediate release short acting medication used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.