

Case Number:	CM15-0197726		
Date Assigned:	10/13/2015	Date of Injury:	02/27/2007
Decision Date:	11/20/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/08/2015

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: North Carolina

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 28 year old male sustained an industrial injury on 2-27-07. Documentation indicated that the injured worker was receiving treatment for history of post traumatic headache, status post open pelvic diastasis fracture, status post fracture of the lumbar spine transverse process, status post left ankle fracture dislocation and status post liver and kidney contusion and collapsed lung. Previous treatment included physical therapy, chiropractic therapy and medications. In an orthopedic evaluation dated 1-8-15, the injured worker complained of left ankle pain, rated 2 to 3 out of 10 on the visual analog scale and pelvis pain, rated 3 to 4 out of 10. The injured worker stated that he was at his status quo. Physical exam was remarkable for left ankle with "full" range of motion with minimal discomfort. The injured worker walked with a "somewhat" antalgic gait. The physician stated that the injured worker chose to take no medications because he did not like the way they made him feel. The treatment plan included starting physical therapy. In an orthopedic reevaluation dated 2-19-15, the injured worker complained of right ankle pain, rated 1 out of 10 and pelvis pain rated 2 to 3 out of 10. The physician stated that he injured worker had almost no complaint at all. Physical exam was remarkable for left ankle with "full" range of motion with minimal discomfort. The treatment plan included a follow up appointment in six months and prescriptions for Tramadol, Omeprazole and Naproxen Sodium. In an orthopedic evaluation dated 8-20-15, the injured worker complained of pelvic pain, rated 1 out of 10. The injured worker reported that his left ankle pain was 0 out of 10. The injured worker stated that his ankle mostly hurt when he took off his shoes and that when that occurred the pain increased to 3 out of 10. Physical exam was remarkable for full range of motion of the

left ankle and both hips. The treatment plan included prescriptions for medications (Tramadol and Naproxen Sodium) with five refills and having the injured worker follow-up on an as needed basis only. On 9-4-15, Utilization Review modified a request for Tramadol 50mg #90 with 5 refills to Tramadol 50mg #30 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90, 1 three times a day as needed with 5 refills: Upheld

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

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

Decision rationale: The California MTUS states: When to Continue Opioids (a) If the patient has returned to work (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox- AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.