

Case Number:	CM15-0211488		
Date Assigned:	10/30/2015	Date of Injury:	09/17/2014
Decision Date:	12/11/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/27/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 an 81-year-old male, with a reported date of injury of 09-17-2014. The diagnoses include complete tear of anterior tibialis tendon with longitudinal split tear of peroneus brevis, and pain along the retro-Achilles tendon on the right. The medical report dated 05-05-2015 indicates that the injured worker continued to have pain in the right ankle and foot; and pain in the right knee. It was noted that he had difficulty with any prolonged standing and walking. The objective findings included tenderness along the anterior talofibular ligament on the right with weakness on dorsiflexion and plantar flexion. The medical report dated 10-02-2015 indicates that the injured worker had persistent right ankle pain, right foot pain, and pain in the lower extremity. It was noted that an MRI showed a complete tear of the anterior tibialis tendon with longitudinal split tear of the peroneus brevis. The injured worker was said to have "quite a bit of pain and swelling"; and had difficulty with prolonged standing and walking. The objective findings include tenderness along the ankle and anterior talofibular ligament with swelling; and some weakness with dorsiflexion and plantarflexion on the right in comparison to the left. It was noted that the injured worker was not currently working. The diagnostic studies to date have not been included in the medical records provided. Treatments and evaluation to date have included chiropractic treatment, an ankle brace, and Tramadol (since at least 03-2015). The request for authorization was dated 10-02-2015. The treating physician requested Ultracet 37.5-325mg #60 for pain. On 10-14-2015, Utilization Review (UR) non-certified the request for Ultracet 37.5-325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, screening for risk of addiction (tests), Opioids, specific drug list, Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ultracet 37.5/325mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnosis is complete tear of the anterior tibialis tendon with longitudinal split tear peroneus brevis, and pain along the retro Achilles tendon on the right. Date of injury is September 17, 2014. Request for authorization is October 7, 2015. According to a March 21, 2015 progress note, the treating provider prescribed tramadol ER 150 mg. According to an August 19, 2015 progress note, the treating provider changed tramadol to Ultracet. There is no clinical rationale for the change. According to an August 2, 2015, progress note, subjective complaints of right ankle and foot pain. Objectively, there is tenderness of the ankle and talofibular ligament. There is no documentation demonstrating objective functional improvement to support ongoing Ultracet. There is no documentation of attempted weaning. There are no detailed pain assessments or risk assessments. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, attempted weaning with detail pain assessments or risk assessments, Ultracet 37.5/325mg #60 is not medically necessary.