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| Case Number: | CM15-0213204 | | |
| Date Assigned: | 11/03/2015 | Date of Injury: | 05/06/2015 |
| Decision Date: | 12/18/2015 | UR Denial Date: | 10/14/2015 |
| Priority: | Standard | Application Received: | 10/29/2015 |

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old male who sustained an industrial injury on 5-6-15. He is not working. Medical records indicate that the injured worker has been treated for bilateral calcaneus fracture with posttraumatic arthritis subtalar joints. He currently (10-5-15) continues to experience bilateral ankle pain, right worse than left. Pain levels were not enumerated. He is walking without the boot and using a walker. The physical exam revealed moderate soft tissue swelling of the hindfoot and ankle of the right foot and varus deformity left foot, minimal subtalar joint range of motion. He has sleep disturbances due to anxiety. Diagnostics include x-rays of the left ankle and foot revealing impacted calcaneus fracture and osteopenia and right foot and ankle reveal calcaneus fracture. Treatments to date include physical therapy; walking boots; medication: Tramadol (documentation was unclear when this was started only that it was renewed on 10-5-15). The request for authorization dated 10-7-15 was for Tramadol 50mg #60. On 10-14-15, Utilization Review non-certified the request for Tramadol 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg 1 oral BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

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

Decision rationale: Based on the 10/5/15 progress report provided by the treating physician, this patient presents with bilateral ankle pain, right > left. The treater has asked for Tramadol 50MG 1 oral BID #60 on 10/5/15. The request for authorization was not included in provided reports. The patient is walking without boots with the use of a walker per 10/5/15 report. The patient is s/p a course of physical therapy of unspecified sessions and unspecified benefit per 10/5/15 report. The patient is currently non-weightbearing to both lower extremities in a walking boot as of 9/4/15 report. Per 7/24/15, the patient's ankle fractures were treated non-operatively as there was no significant displacement and he was already 6 weeks out at the time of the initial visit. The patient's work status is not included in the provided documentation. MTUS, criteria for use of opioids section, pages 88 and 89 states that "pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids section, page 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain section, page 60 states that "relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." The treater does not discuss this request in the reports provided. The patient is s/p a fall of 12 feet with bilateral calcaneus fractures from 5/6/15. The patient was taking Percocet as of 5/8/15 and 6/10/15 reports, and then switched to Tramadol as of 9/21/15 report. The patient is currently taking Tramadol as of the requesting report dated 10/5/15. The treater does not discuss the efficacy of the prescribed Percocet during the acute phase of the patient's pain, nor is there a rationale given for the switch to Tramadol. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show analgesia. There is no UDS, no CURES and no opioid contract provided. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Therefore, the request is not medically necessary.