

Case Number:	CM15-0220647		
Date Assigned:	11/16/2015	Date of Injury:	09/17/2014
Decision Date:	12/24/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/10/2015

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 is a 38-year-old male with a date of industrial injury 9-17-2014. The medical records indicated the injured worker (IW) was treated for left distal fibular fracture with disruption of the deltoid ligament and lateral subluxation of the talus, reflex sympathetic dystrophy; status post hardware removal (2-6-15); complex regional pain syndrome, left foot and ankle; and abrasion of the right shin. In the progress notes (9-21-15), the IW reported constant, moderate left ankle pain rated 5 out of 10. Medications included Ultram ER (since at least 4-2015), Diclofenac ER and gabapentin. Progress notes dated 7-1-15 noted his left ankle pain was 7 out of 10 with medications and 8 out of 10 without them. Pain relief lasted more than 4 hours. Medications were noted to increase tolerance of standing or walking from 5 minutes to 10 minutes, improved his participation in his home exercise program and allowed him to be able to do household chores and self-care. On examination (9-21-15 notes), well-healed scars were noted on the left ankle. There was tenderness to palpation over the anterior tibialis tendon and range of motion was decreased. Treatments included left ankle surgery and subsequent hardware removal, chiropractic treatment and medications. The IW was temporarily totally disabled. The treatment plan called for left ankle surgery (deltoid repair and hardware removal), medications and a follow-up appointment. The urine drug screen collected on 9-21-15 was negative for Tramadol. The provider denied the presence of aberrant drug behaviors. A Request for Authorization dated 9-21-15 was received for Ultram ER 150mg #30 and one quantitative urine drug screen. The Utilization Review on 10-19-15 modified the request for Ultram ER 150mg #30 and non-certified the request for one quantitative urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150 MG #30: 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 for chronic pain.

Decision rationale: 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 decrease in objective pain measures such as VAS scores for significant periods of time. There are no objective measures of improvement of function or how the medication improves activities. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.

Quantitative Urine Drug Screen: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to nonopioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. The California MTUS does recommend urine drug screens as part of the criteria for ongoing use of opioids. The patient was on opioids at the time of request and therefore the request is medically necessary.