

<b>Case Number:</b>	CM15-0222757		
<b>Date Assigned:</b>	11/18/2015	<b>Date of Injury:</b>	05/22/2012
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2015

### 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: Montana, Oregon, Idaho  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 injured worker is a 37 year old male who reported an industrial injury on 5-22-2012. His diagnoses, and or impressions, were noted to include: left ankle sprain with nerve entrapment and pain; chronic pain; 2 years status-post left ankle arthroscopy with chondroplasty and Brostrom repair. MRI of the left ankle was done on 8-6-2015, noting osteochondritis dissecans with free fragment and tenosynovitis in the tendons; left ankle x-ray was said to have been done in 2013, noting a displaced OCD on the lateral talar dome for which surgery was recommended. His treatments were noted to: chiropractic treatments (2012); ice therapy; a qualified medical evaluation (7-10-2014); a qualified medical evaluation (3-24-15); Podiatry evaluation-treatment (6-2015); psychological consultation-treatment (7-2015); medication management; and work restriction of sedentary work only. The podiatry progress notes of 9-25-2015 reported no subjective complaints. The objective findings were noted to include: an appropriate affect; mild left ankle edema that was cool to touch, and with painful range-of-motion and a delayed capillary refill; and the review of the 8-6-2015 left ankle MRI showing a residual loose body with large osteochondral defect, explaining much of his pain. The physician's requests for treatment were noted to include the continuation of Tramadol 50 mg, #60, and Diclofenac 75 mg, #60. The Request for Authorization, dated 10-7-2015, was noted for Tramadol 50 mg, #60 with 3 refills; and Diclofenac 75 mg, #60 with 3 refills. The Utilization Review of 10-14-2015 non-certified the request for: Tramadol 50 mg, #60 with 3 refills; and modified the request for Diclofenac 75 mg, #60 with 3 refills, to #60 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, #60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment, Weaning of Medications.

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

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. According to the ODG pain section a written consent or pain agreement for chronic use is not required but may make it easier for the physician and surgeon to document patient education, the treatment plan, and the informed consent. The lowest possible dose should be prescribed to improve pain and function. Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control is recommended. 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 ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG (Pain / Opioids for chronic pain) states according to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms. In this case the worker is 37 years old and is being treated for left ankle pain. He was injured in 2012 and has been treated with opioids for based on the documentation there is insufficient evidence to recommend the chronic use of opioids since at least 2/2615. There is no documentation of increased level of function, percentage of pain relief, duration of pain relief, compliance with urine drug screens, a signed narcotic contract or that the injured worker has returned to work. The current guidelines provide very limited support to recommend treatment of non-malignant pain beyond 16 weeks. Therefore the criteria set forth in the guidelines have not been met and the request is not medically necessary.

**Diclofenac 75mg, #60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain.

**Decision rationale:** The CA MTUS is non-specific on the recommendations for prescribing of Diclofenac. According to the ODG-TWC, pain section, Diclofenac is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that Diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did Rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid Diclofenac because it increases the risk by about 40%. In this case the submitted records do not demonstrate failure of a first line NSAID. Therefore the request is not medically necessary.