

Case Number:	CM15-0223271		
Date Assigned:	11/19/2015	Date of Injury:	04/17/2008
Decision Date:	12/31/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/13/2015

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, Georgia
 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:

The injured worker is a 55 year old male who sustained an industrial injury on 04/17/2008. Medical records indicated the worker was treated for an ankle sprain to the left foot and possible Lis Franc injury. He has had progressive left hip difficulties since the injury and was found to have a torn labrum. In the provider notes of 09-25-2015, the worker is seen in a routine clinic follow-up. The injured worker complains of ankle pain, and is seen also for an initial evaluation of hip pain. He complains that he feels locking and popping of the left hip with certain movements, but no groin pain, no thigh pain, no knee pain, no localized bruising, swelling, redness, or warmth. He does not limp and can bear weight. He has no decrease in hip range of motion. His active problems include arthralgia of pelvis, left, enthesopathy, and femoral acetabular impingement, left, internal derangement of left knee, labral tear of hip, degenerative, limb pain, other sprain of foot, pain in left foot, and sprain of medial collateral ligament of left knee. His pain medications include Naproxen and Tramadol (both since at least 03-18-2015). On exam, he has normal gait and station, normal range of motion and normal strength and tone. His left hip has painful restricted active range of motion. Extension, internal rotation is painful. He has a deformity of the midshaft of the 5th metatarsal of his foot. A request for authorization was submitted for Tramadol HCL 150mg #90. A utilization review decision 11/02/2015 modified the request to approve Tramadol HCL 150mg #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 150mg #90: 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, criteria for use, Opioids for chronic pain.

Decision rationale: CA MTUS allows for the use of opioid medication, such as tramadol, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with tramadol 150 mg #90.