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| Case Number: | CM15-0224881 | | |
| Date Assigned: | 11/23/2015 | Date of Injury: | 07/26/2006 |
| Decision Date: | 12/31/2015 | UR Denial Date: | 11/10/2015 |
| Priority: | Standard | Application Received: | 11/16/2015 |

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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:

This is a 47-year-old male with a date of industrial injury 7-26-2006. The medical records indicated the injured worker (IW) was treated for spiral fracture of the fibula, status post casting, resulting in ankle arthroscopy to address the anterior talofibular ligament. In the progress notes (10-27-15), the IW was seen for left ankle symptoms. On examination (10-27-15 notes), there was tenderness along the anterior talofibular ligament with a positive anterior drawer test. Tenderness was minimal along the talonavicular area where there was a cyst. Motion of the ankle was somewhat decreased, although the subject thought he lost a lot of motion. Treatments included one ankle injection (2013), with short-term pain relief; Norco, Trazodone, Naproxen and Ultracet (prescribed 10-27-15); and TENS unit. The IW was working without restrictions. The treatment plan included medications, a urine drug screen, a 4-lead TENS unit, ankle and back brace and x-ray of the left ankle. The records reviewed did not state there was a signed pain medication agreement, no drug screening results were submitted and pain was not quantified on a numeric scale to determine changes. A Request for Authorization dated 10-27-15 was received for Ultracet tab 37.5-325mg #60. The Utilization Review on 11-10-15 non-certified the request for Ultracet tab 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 tab 37.5-325 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Weaning of Medications.

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

Decision rationale: Per the guidelines, tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are three studies comparing tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. There are no long-term studies to allow for recommendations for longer than three months. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to tramadol to justify use. The medical necessity of tramadol is not substantiated. Therefore, the request is not medically necessary.