

Case Number:	CM15-0031518		
Date Assigned:	02/24/2015	Date of Injury:	03/21/1990
Decision Date:	04/10/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/19/2015

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 71-year-old female who sustained an industrial injury on 3/21/90. The injured worker reported symptoms in the left lower extremity. The diagnoses included chronic left ankle sprain/strain with Pes planus deformity. Treatments to date include orthotics, oral pain medications, orthopedic shoes, topical ointments, and activity modification. In a progress note dated 1/20/15 the treating provider reports the injured worker was with "increased left ankle pain and swelling...gait is slow and very guarded." On 2/10/15 Utilization Review non-certified the request for Ultram 50 milligrams #120. The California Medical Treatment Utilization Schedule was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi; TX; www.odg-twc.com; Section: Ankle & Foot (Acute & Chronic), (Updated 12/22/2014).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

Decision rationale: This patient presents with an increase in pain in the left ankle. The current request is for ULTRAM 50MG #120. Request for Authorization is dated 1/20/15. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. Recommendation for initiating a new opioid cannot be supported as there are no functional assessments to necessitate a start of a new opioid. MTUS states that "functional assessments should be made before initiating a new opioid. Function should include social, physical, psychological, daily and work activities." There is only one progress report provided for review which indicates that this is a request for patient to start Ultram as she has "failed trial of NSAIDs and APAP." This patient presents with complaints of increase in pain and trial of other medications have not been effective. The requested Ultram IS medically necessary.