

Case Number:	CM15-0042167		
Date Assigned:	03/12/2015	Date of Injury:	01/29/2014
Decision Date:	04/22/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/05/2015

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 56 year old female, who sustained an industrial injury on 1/29/2014. She reported tripping and injuring her left knee and left ankle/foot. The diagnoses have included foot sprain/strain, ankle tendinitis/bursitis and knee tendinitis/bursitis. Treatment to date has included physical therapy, pool therapy, left ankle brace and medication. According to the progress report dated 10/15/2014, the injured worker complained of left ankle/foot pain. She was requesting a brace for the left ankle. Physical exam revealed numbness over the second, third and fourth toes. She had significant difficulty and weakness in extension of the foot. She ambulated with a one point cane. The treatment plan was to continue medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50 mg Qty 60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Tramadol Page(s): 76-78, 88-89, 113.

Decision rationale: Based on the 10/15/14 progress report provided by treating physician, the patient presents with left knee and left ankle pain. The request is for Tramadol Hcl 50mg Qty 60 with 2 Refills. No RFA provided. Patient's diagnosis on 10/15/14 included left ankle sprain, left leg contusion, and peripheral neuropathy of superficial peroneal nerve. Patient ambulates with a cane. Treatment to date has included physical therapy, pool therapy, left ankle brace and medication. Patient's medications include Ibuprofen and Tramadol, which have been continued, per 09/11/14 treater report. Pain medication and wearing a support sock and boot provide the patient temporary relief. Per treater report dated 09/11/14, the patient may return to modified work. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Tramadol has been included in patient's medications per treater reports dated 09/11/14 and 09/17/14. It is not known when Tramadol was initiated. In this case, treater has not stated how Tramadol reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDS's, opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.