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| Case Number: | CM15-0061189 | | |
| Date Assigned: | 04/07/2015 | Date of Injury: | 04/05/2012 |
| Decision Date: | 05/08/2015 | UR Denial Date: | 03/01/2015 |
| Priority: | Standard | Application Received: | 03/31/2015 |

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: Preventive Medicine, Occupational 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 41-year-old woman sustained an industrial injury on 4/5/2012. The mechanism of injury is not detailed. Diagnoses include left ankle sprain with strain of talofibular ligament, bilateral plantar fasciitis with right ankle and knee strain, and left sacroiliac dysfunction. Treatment has included oral medications, orthotics, and physical therapy. Physician notes dated 2/17/2015 show complaints of low back and left ankle pain. Recommendations include Voltaren XR, Protonix, Ultram ER, surgical intervention tot eh left ankle, follow up with the orthopedic surgeon, continue use of bilateral orthotics, discontinue physical therapy, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Ultram ER 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Ultram is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Despite the long-term use of Ultram, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 12 months. 1 prescription for Ultram ER 150mg #60 is not medically necessary.