

<b>Case Number:</b>	CM14-0119478		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	11/04/2010
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 40-year-old female who has submitted a claim for left ankle ligament tear and strain associated with an industrial injury date of 11/04/2010. Medical records from 06/24/2014 to 07/18/2014 were reviewed and showed that patient complained of left foot and ankle pain (pain scale grade not specified) with tingling and numbness. Physical examination revealed significant pain with light brushing, decreased ROM, and decreased temperature to the left foot. Results of plain films and urine toxicology review were not made available. Treatment to date has included Tramadol ER 150mg #60 (prescribed since at least 06/24/2014) and Naproxen 550mg #100 (prescribed since at least 06/24/2014). Of note, there was no documentation of functional outcome from aforementioned pain medications. Utilization review dated 07/18/2014 modified the request for tramadol ER 150mg #60 with 1 refill to tramadol ER 150mg #60 with no refill to allow for proper re-evaluation prior to continuation of opiates use. Utilization review dated 07/18/2014 modified the request for Naproxen 550mg #100 to Naproxen 550mg #60 to allow for reassessment and side effects after a month. Utilization review dated 07/18/2014 denied the request for three-phase bone scan left foot & ankle because the bone scan should be determined by the pain management specialist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg #60 1 po daily with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain, osteoarthritis Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

**Decision rationale:** According to pages 79-81 of CA MTUS Chronic Pain Medical Treatment Guidelines, tramadol is a centrally acting synthetic opioid analgesic and is not recommended as a first-line oral analgesic. In addition, guidelines do not support ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient was prescribed Tramadol ER 150mg #60 since at least 06/24/2014. However, there was no documentation of functional improvement, analgesia, or urine toxicology review showing consistency with tramadol use to support the continuation of treatment. The medical necessity cannot be established due to insufficient information. The request for tramadol 150mg #60 with one refill is likewise not in conjunction with guidelines requirement of ongoing opioid treatment monitoring documentation prior to continuation of opiates use. Therefore, the request for Tramadol ER 150mg #60 1 po daily with 1 refill is not medically necessary.

**Naproxen 550mg #100 1 po every 12 hours with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Naprosyn Page(s): 67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**Decision rationale:** According to CA MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. There is no evidence of long-term effectiveness for pain or function. In this case, the patient was prescribed Naproxen 550mg #100 since 06/24/2014. However, there was no documentation of functional improvement or pain relief from previous Naproxen use. Furthermore, the guidelines do not recommend the long-term use of NSAIDs. The request for Naproxen 550mg #100 with 1 refill likewise is not in conjunction with guidelines recommendation of assessment for appropriateness prior to continued use of NSAIDs. Therefore, the request for Naproxen 550mg #100 1 po every 12 hours with 1 refill is not medically necessary.

**Three-Phase Bone Scan Left Foot and Ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRPS Page(s): 36.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle, Bone Scan (Imaging)

**Decision rationale:** CA MTUS does not specifically address bone scan of the ankle. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that bone scans may be utilized to rule out: (1) tumor; (2) stress fractures in chronic cases; (3) infection; and (4) complex regional pain syndrome/CRPS-I, if plain films are not diagnostic. In this case, the patient complained of left ankle and foot pain. Bone scan was requested to rule out CRPS. However, plain films of the left ankle and foot (if there were any) were not made available. The guidelines state those bone scans are only recommended to rule out CRPS if plain films were not diagnostic. The medical necessity cannot be established due to insufficient information. Therefore, the request for Three-Phase Bone Scan Left Foot and Ankle is not medically necessary.