

Case Number:	CM14-0139515		
Date Assigned:	09/05/2014	Date of Injury:	10/14/2003
Decision Date:	10/22/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/28/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 injured worker is a 72-year-old female who reported a work related injury on 10/14/2003. The mechanism of injury was not provided for review. The injured worker's diagnoses consist of joint effusion of the ankle and tenosynovitis of the foot. The injured worker's past treatment has included medication and a home exercise program. Diagnostic studies and surgical history were not provided for review. Upon examination on 07/31/2014, the injured worker complained of constant pain in the left foot and ankle that was aggravated by ascending and descending stairs, lifting, and bending. It was noted that there was no swelling or buckling of the ankle. The pain was characterized as burning. On a scale of 1 to 10, the injured worker rated her pain as 6. On physical examination of the foot and ankle, it was noted that there was tenderness over the anterior portion of the ankle. With range of motion, there was pain with inversion and eversion of the ankle which are full. The injured worker's prescribed medications include Voltaren, Cyclobenzaprine, Sumatriptan, Ondansetron, Omeprazole, Quazepam, Tramadol, Ketoprofen, Hydrocodone, Mentherm gel, and Terocin patch. The treatment plan consisted of Tramadol, Voltaren, Cyclobenzaprine, Sumatriptan succinate, Ondansetron, Omeprazole, Quazepam, Tramadol, Ketoprofen, Hydrocodone, Mentherm gel, and Terocin patch. The rationale for the request was for acute severe pain. The request for authorization form was submitted for review on 08/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Tramadol Page(s): 78-80, 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The California MTUS recommends ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Upon a pain assessment; current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts, should be included. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Four domains have been proposed as most important in monitoring pain relief, side effects, and physical monitoring of these outcomes over time should affect therapeutic decisions and provide an outline for documentation of the clinical use of these controlled drugs. The injured worker complained of persistent pain to her low back with symptoms that radiated down her right lower extremity. She rated the pain as a 6/10 with on a VAS pain scale. There is no clear documentation as to functional benefits from chronic use of Tramadol if the injured worker is still rating pain as high as a 6. The documentation does not provide clinical information that contains evidence of significant measurable subjective information and functional improvement as a result of continued opioid use. Additionally, there is a lack of documentation indicating that the injured worker has increased ability to continue activities of daily living with the use of Tramadol, and there is a lack of documentation indicating the adverse effects of the medication, risk assessment of the employee for drug related behavior has been addressed. Therefore, the request for Tramadol cannot be warranted. Furthermore, there is no indication that the continued use of Tramadol would have any benefit to the injured workers pain. As such, the request for Tramadol ER 150mg #90 is not medically necessary.