

Case Number:	CM14-0215623		
Date Assigned:	01/05/2015	Date of Injury:	02/05/2014
Decision Date:	06/22/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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 37 year old male patient who sustained an industrial injury on 02/05/2014. The accident is described as the worker straining his left ankle while working. The injury involved primarily to soft tissue with possible nerve involvement. The initial report of illness dated 07/02/2014 reported subjective complaint of having pain on the lateral side of his leg accompanied with swelling. He also complains of sacroiliac joint pain and pain radiating down his entire leg. He is currently working modified duty. He also wears a boot. Objective findings showed the left foot slightly discolored and swollen around the ankle. There is also weakness with plantar flexion and dorsiflexion along with a one plus effusion. An MRI dated 04/11/2014 showed possible sprain of the tarsometatarsal ligament in the second metatarsal area with thickening. He is diagnosed with being status post left foot sprain and left ankle sprain. The plan of care noted continuing with modified work duty, and wearing a brace instead of the boot. A primary treating office visit dated 11/03/2014 reported a problem list to consist of: psychophysiological disorder; reflex sympathetic dystrophy of lower extremity, chronic pain syndrome, and sprain of ankle and or foot, left. Current medications are: APAP, Nabumetone, Terocin, Tramadol, and Tramadol ER. Previous treatment to consist of: rest, activity modification, medications, physical therapy, and home exercise program. A follow up visit dated 10/08/2014 reported no change in the medication regimen, or subjective complaints. He reports taking APAP, Terocin, and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg tablet OD #30 refill 1.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 93-94, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use opioids Page(s): 88-89,76-78.

Decision rationale: The patient was injured on 02/05/2014 and presents with left foot pain, psychophysiological disorder, and sprain of ankle and/or foot. The request is for TRAMADOL 50-mg TABLET OD #30, refill 1. There is no RFA provided and the patient is currently working full time. Treatment reports are provided from 06/09/2014-11/03/2014. MTUS Chronic Pain Medical Treatment Guidelines pages 88-89, "Criteria for use of opiates for long-term users of opiates (6 months or more)" 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 criteria for use of opiates, ongoing management also requires documentation of the 4 A's (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 for work, and duration of pain relief. The patient has been taking tramadol as early as 06/09/2014. The 08/18/2014 report states that, "He reports pain levels as varying between a 6/10 and a 9/10 level. He reports a significant negative impact of his pain upon his activities of daily living." The patient is currently working full-time. Not all of the 4 A's are addressed as required by MTUS guidelines. Although there are no before-and-after medication pain scales provided or discussion on side effects/aberrant behavior, the patient does continue to work full-time. However, there are no validated instruments used, no are there any pain management issues discussed such as urine drug screens, CURES report, pain contract, etc. There does not appear to be adequate opioid monitoring by the treater. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested tramadol IS NOT medically necessary.