MAXIMUS Federal Services

Case Number:	CM14-0216438		
Date Assigned:	01/06/2015	Date of Injury:	08/06/2012
Decision Date:	03/10/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/24/2014

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: Pennsylvania, Ohio, 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 51 year old female injured worker suffered and industrial accident on 8/6/2012 where while working slipped on a wet floor with no fall, injuring bilateral ankles and feet. The treatments included medications, chiropractic therapy, physical therapy, and surgeries. The recent surgeries were 5/24/2013for plantar fascial release, 6/6/2014 stabilization of the right ankle and 7/11/2014 for debridement with incision and drainage for infection. The visit 10/28/2014 described reduced range of motion and decreased strength with the right ankle affect more than the left ankle. The diagnoses included plantar fasciitis left foot, tears of the ligaments on both feet and tear of the tendon of the left foot.The UR decision on 12/18/2014 denied the request for Tramadol and Ranitidine. The Tramadol was denied as it was not recommended as a first line treatment without any documentation of failure of any other of the first line options. Ranitidine was denied as there was no documentation of gastrointestinal symptoms due to medications prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ranitidine 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms Page(s): 58.

Decision rationale: MTUS recommends gastrointestinal prophylaxis in situations where there is a specific documented rationale for risk of a gastrointestinal event. Such GI risk factors are not documented in this case. This request is not medically necessary.

Tramadol 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: MTUS does not suppoprt opioids as first-line analgesic treatment in a chronic setting; the records do not provide a rationale for selection of this drug class for chronic use. MTUS documents in detail the 4 as of opioid management to support evaluatuion of indications for and functional benefiet from ongoing opioid use; the records do not document such a rationale for continuing use of Tramadol in this case. This request is not medically necessary.