

Case Number:	CM15-0102696		
Date Assigned:	06/05/2015	Date of Injury:	03/05/2014
Decision Date:	07/08/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/28/2015

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: New Jersey
 Certification(s)/Specialty: Family Practice

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 58 year old female who sustained an industrial injury on 3/5/14. The injured worker was diagnosed as having closed dislocation of tarsometatarsal joint (right), left ankle impingement and right lesser toe sprain. Currently, the injured worker was with complaints of right foot discomfort. Previous treatments included status post right 1st tarsometatarsal joint arthrodesis, physical therapy, activity modification and injections. Previous diagnostic studies included a magnetic resonance imaging revealing arthritic changes at the left subtalar joint. Physical examination was notable for tenderness over the hardware on the right, and focal tenderness noted on the left anteromedial aspect of the ankle. The plan of care was for a medication prescription.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, although it was reported that she only used tramadol occasionally, there still needs to be a full review regarding its use as stated above. However, there was no such review documented in the past few notes provided which showed clear functional gain and pain reduction with ongoing use of tramadol. Also, the request did not include the dose, frequency, or number of pills, which is required before approval can be made. Therefore, the request for tramadol is not medically necessary at this time.