

Case Number:	CM15-0017433		
Date Assigned:	02/05/2015	Date of Injury:	05/03/2013
Decision Date:	07/07/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/29/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52-year-old female with an industrial injury dated 05/03/2013 with an injury to left ankle. Her diagnoses included left ankle pain, tibialis posterior tenosynovitis, left ankle sprain, deltoid ligament sprain and degenerative osteoarthritis left ankle. Prior treatment included physical therapy, anti-inflammatory medications, orthotics, Lodine and injection of the left ankle. She presents on 12/05/2014 with complaints of persistent left ankle pain and foot pain rated as 8/10. She describes her pain as consistent aching, sharp, stabbing and throbbing pain. Physical findings were tenderness to the left posterior tendon region with moderate swelling to bilateral ankle. There was tenderness in the heel with swelling into the top of the foot. Treatment plan consisted of Voltaren gel, Tizanidine and Tramadol for pain. The request is for Tramadol 50 mg #60. Notes indicate that the patient is taking medication has been prescribed to her son which helps with her pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79, 111-112; 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Ultram (tramadol), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it is unclear whether the patient has had this medication or not. If the patient has had this medication, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. If the patient has not had this medication, there is no documentation of objective functional treatment goals, discussion regarding the side effects of this medication, and discussion regarding the patient's use of her son's pain medication. In light of the above issues, the currently requested Ultram (Tramadol) is not medically necessary.