

Case Number:	CM15-0112937		
Date Assigned:	06/19/2015	Date of Injury:	09/20/2014
Decision Date:	07/21/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/11/2015

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: Emergency Medicine

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 63 year old female who sustained an industrial injury on 09/20/2014. Mechanism of injury occurred when she was run over by a tractor trailer; she sustained a laceration to the foot and a nondisplaced fracture of the mid shaft of the fifth metatarsal. Diagnoses include fractured metatarsal bones, closed and laceration of the foot-complicated. Treatment to date has included diagnostic studies, medications, splinting, and physical therapy. She has returned to modified work. An unofficial x ray of the foot showed a calcaneal spur. A physician progress note dated 05/20/2015 documents the injured worker complains she is having pain into the plantar aspect of the foot that radiates toward her heel, recall she has a spiral fracture of the fifth metatarsal but that was healed. She had a very large ulcer on the dorsum of the foot that also has healed. She has slight flattening of the longitudinal arch. There is moderate tenderness of the plantar aspect of the foot with tenderness going into the heel. The dorsum of the foot has also healed though there is hyperpigmentation to the same. Treatment requested is for Naprosyn 500 mg #30 twice a day, Podiatry consult for left foot, and Tramadol 50 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Podiatry consult for left foot: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Part 1: Introduction Page(s): 1.

Decision rationale: The requested Podiatry consult for left foot, is medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has pain into the plantar aspect of the foot that radiates toward her heel, recall she has a spiral fracture of the fifth metatarsal but that was healed. She had a very large ulcer on the dorsum of the foot that also has healed. She has slight flattening of the longitudinal arch. There is moderate tenderness of the plantar aspect of the foot with tenderness going into the heel. The dorsum of the foot has also healed though there is hyperpigmentation to the same. The treating physician has sufficiently documented persistent symptoms and exam findings to establish the medical necessity for this consult. The criteria noted above having been met, Podiatry consult for left foot is medically necessary.

Tramadol 50 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 145.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113 Page(s): 78-82, 113.

Decision rationale: The requested Tramadol 50 mg #30, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has pain into the plantar aspect of the foot that radiates toward her heel, recall she has a spiral fracture of the fifth metatarsal but that was healed. She had a very large ulcer on the dorsum of the foot that also has healed. She has slight flattening of the longitudinal arch. There is moderate tenderness of the plantar aspect of the foot with tenderness going into the heel. The dorsum of the foot has also healed though there is hyperpigmentation to the same. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Tramadol 50 mg #30 is not medically necessary.

Naprosyn 500 mg #30 BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Naprosyn 500 mg #30 BID, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has pain into the plantar aspect of the foot that radiates toward her heel, recall she has a spiral fracture of the fifth metatarsal but that was healed. She had a very large ulcer on the dorsum of the foot that also has healed. She has slight flattening of the longitudinal arch. There is moderate tenderness of the plantar aspect of the foot with tenderness going into the heel. The dorsum of the foot has also healed though there is hyperpigmentation to the same. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Naprosyn 500 mg #30 BID is not medically necessary.