MAXIMUS Federal Services

Case Number:	CM15-0174333		
Date Assigned:	09/16/2015	Date of Injury:	06/25/2011
Decision Date:	11/06/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/04/2015

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: Arizona, Michigan
Certification(s)/Specialty: Preventive Medicine, Occupational 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 45 year old female, who sustained an industrial-work injury on 6-25-11. A review of the medical records indicates that the injured worker is undergoing treatment for continued left foot pain status post three left foot surgeries of Lisfranc's joint sprain, increased left tendon pain and possible left Achilles tendinitis, chronic left wrist pain status post fracture 1-10-12. Medical records dated 7-24-15 indicate that the injured worker complains of left foot pain. The pain is rated 4-5 out of 10 on pain scale with rest, 7 out of 10 with walking and reduced to 2-3 out of 10 with rest and medication and 5-6 out of 10 with walking and medications. She has difficulty with walking and walks with a limp. She cannot walk for over 10 minutes. She reports increased left Achilles pain over the last 2 months. She reports stabbing and aching of the left heel and dorsal foot. The medical records also indicate worsening of the activities of daily living. Per the treating physician, report dated 7-24-15 the injured worker has returned to work full duty as a medical biller. The physical exam dated 7-24-15 reveals that the left ankle has 90 percent range of motion of dorsiflexion and plantar flexion. There is 80 percent range of motion with eversion and inversion. There is tenderness at the left Achilles and left ankle. There is tenderness ion the dorsal aspect of the left foot. There is minimal swelling of the left anterior foot. The left wrist exam reveals tenderness of the ulnar aspect of the wrist. There is 90 percent range of motion of flexion and extension of the wrist as well as radial and ulnar deviation. There is tenderness at the triangular fibrocartilage complex. The gait is antalgic, favoring the left lower extremity (LLE).Treatment to date has included pain medication, Tramadol since at least 2014, left foot surgery times three, physical therapy at least 2 sessions,

controlled ankle movement (CAM) walker boot, steroid injection to left foot 1-22-13 and 2-5-13, steroid injections times 3, diagnostics and other modalities. The Magnetic resonance imaging (MRI) of the left foot dated 11-23-11 reveals that the Lisfranc's ligament has minimal internal fluid suggesting sprain, a complete tear cannot be excluded. There is also minimal patchy edema in the cuneiform to the base of the second and third metatarsals, which can be from abnormal stress reactions, or result of prior contusion. The X-Ray of the left foot dated 9-25-12 reveals mild osteoarthrosis status post with its first through third tarsometatarsal fusion. The x-ray of the lefty foot dated 1-20-15 reveals non-displaced fracture at the base of the first proximal phalanx with associated soft tissue swelling. The x-ray of the left wrist dated 2-23-12 reveals a healing fracture of the distal left radius. The original Utilization review dated 8-14-15 non-certified a request for Consultation with podiatrist for the left foot. Achilles as it is not medically necessary or appropriate, non-certified a request for Magnetic Resonance Imaging (MRI) of the left wrist as not medically necessary per the guidelines, non-certified a request for Tramadol 50mg #200 as not medically necessary nor appropriate but weaning is recommended and non-certified a request for Tramadol 150mg, quantity unspecified as not medically necessary nor appropriate but weaning is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with podiatrist for the left foot/achilles: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: Per the MTUS/ ACOEM, referral for evaluation and treatment is recommended in injured workers with foot and ankle complaints who are slow to recover. The injured worker has had ongoing foot complaints since her injury in June 2011 and is status post multiple surgeries on her left foot, evaluation by a podiatrist as appropriate, therefore the request for Consultation with podiatrist for the left foot/achilles is medically necessary.

MRI of the left wrist: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand, MRI's.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

Decision rationale: Per the MTUS / ACOEM "For most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of

conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out". The injured worker is known to have had a fracture of the distal left radius corroborated by x-ray, however the injured worker is continuing to experience pain with tenderness at the triangular fibrocartilage complex and evaluation with an MRI is appropriate, therefore the request for MRI of the left wrist is medically necessary.

Tramadol 50mg #200: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

Decision rationale: The MTUS states that tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Opioids are recommended for chronic pain, especially neuropathic pain that has not responded to first line recommendations like antidepressants and anticonvulsants. Long terms users should be reassessed per specific guideline recommendations and the dose should not be lowered if it is working. Per the MTUS, Tramadol is indicated for moderate to severe pain. A review of the injured workers medical records reveal documentation of improvement in pain from a 7/10 to a 5/10 with the use of tramadol, the continued use appears appropriate and therefore the request for Tramadol 50mg #200 is medically necessary.

Tramadol 150mg, quantity unspecified: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

Decision rationale: The MTUS states that tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Opioids are recommended for chronic pain, especially neuropathic pain that has not responded to first line recommendations like antidepressants and anticonvulsants. Long terms users should be reassessed per specific guideline recommendations and the dose should not be lowered if it is working. Per the MTUS, Tramadol is indicated for moderate to severe pain. A review of the injured workers medical records reveal that she has not done well with Tramadol ER and the request is also for an unspecified amount, therefore the request for Tramadol 150mg, quantity unspecified is not medically necessary.