

<b>Case Number:</b>	CM15-0177671		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	07/10/2012
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 66 year old female, who sustained an industrial injury on July 10, 2012, resulting in pain or injury to the left ankle and foot. A review of the medical records indicates that the injured worker is undergoing treatment for advanced calcaneal valgus deformity with arthritic changes of the subtalar joint, talonavicular joint, and calcaneal cuboid joint. On April 24, 2015, the injured worker reported left foot and ankle pain. The Treating Physician's report dated April 24, 2015, noted the injured worker with pain with activities of daily living (ADLs). The physical examination was noted to show the injured worker with an abnormal gait, deformity of the bilateral ankles and feet of bilateral feet calcanovalgus deformity with collapsed arch left greater than right. Sensation in the plantar aspect of the left foot was noted to be abnormal, with tenderness at the left lateral ankle, anterior talofibular ligament, and the calcanofibular ligament. X-rays of the left foot and ankle were completed and noted to show evidence of collapse of the Bohler ankle with advanced degenerative changes of the talonavicular joint and calcaneal cuboid joint, with the tibiotalar joint preserved and no fractures identified. The Physician noted the injured worker had "failed conservative treatment" with the options to continue with conservative care including the use of a brace versus surgical treatment. Prior treatments have included physical therapy, acupuncture and chiropractic treatments, and one injection without much help noted. The injured worker was given Tramadol, prescribed since at least August 20, 2014, Prilosec, and Anaprox. The request for authorization dated April 24, 2015, requested Tramadol HCL 150 MG #500 per April 24, 2015, date. The Utilization Review (UR) dated August 14, 2015, denied the retrospective request for Tramadol HCL 150 MG #500 per April 24, 2015, date.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Tramadol HCL 150 MG #500 per 4/24/15:** Upheld

**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, long-term assessment, Opioids, pain treatment agreement, Opioids, specific drug list, Opioids, steps to avoid misuse/addiction.

**Decision rationale:** Retro Tramadol HCL 150 MG #500 per 4/24/15 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation does not indicate a treatment plan which is recommended by the MTUS including prescribing opioids based on specific functional goals, risk assessment profile or and an updated signed opioid contract. The request for Tramadol is not medically necessary.