

Case Number:	CM15-0068266		
Date Assigned:	04/15/2015	Date of Injury:	02/11/2008
Decision Date:	05/14/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/10/2015

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, California
 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 46 year old female, who sustained an industrial injury on 2/11/2008. Diagnoses have included osteoarthritis, pain in limb and equinus deformity of rear foot/ankle. Treatment to date has included medication. According to the progress report date 3/17/2015, the injured worker complained of right foot pain. Physical exam revealed an antalgic gait on the right side. There was tenderness with deep palpation to the rear foot as well as the anterolateral ankle region. The injured worker was dispensed a gradient compression stocking to wear on the right foot and ankle. Authorization was requested for Demerol and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Demerol 50mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Meperidine (Demerol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Demerol Page(s): 61.

Decision rationale: According to the guidelines, Demerol is not recommended for chronic pain control. In this case, the claimant had been given Demerol for an unknown length of time. The pain scores were not documented. There is no indication of Tylenol or Tricyclic failure. In addition, the claimant the pain was not controlled with Demerol an required the addition of Tramadol. The continued and chronic use of Demerol is not recommended and not medically necessary.

Tramadol 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant was on Demerol and did not obtain adequate relief for which Tramadol was requested. No one opioid is superior to another. The pain scores were no documented. There was no indication of Tylenol of Tricyclic failure. The Tramadol is not medically necessary.