

Case Number:	CM15-0072455		
Date Assigned:	04/22/2015	Date of Injury:	11/15/2002
Decision Date:	05/20/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/16/2015

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: Massachusetts

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 55-year-old male, who sustained an industrial injury on 11/15/2002. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include defect medial talar dome, right ankle, status post arthroscopy 10/23/2003, osteophyte talus and navicular, and osteoarthritis. Treatments to date include activity modification and medication therapy. Currently, he complained of right ankle pain that comes and goes. On 3/10/15, the physical examination documented tenderness with palpation over the ankle joint. The plan of care included continuation of medication therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg 1 or 2 QID PRN Pain #100 with 4 refills: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines Opioids, specific drug list,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, page 76-80 (2) Opioids, dosing, page 86.

Decision rationale: The claimant has a remote history of a work injury of the right ankle occurring in November 2002. He was seen for an initial evaluation on 03/10/15. He was having intermittent pain, which was increased and cold weather. There had been no new injury. He had not returned to work. Physical examination findings included right ankle and talonavicular joint tenderness. Tramadol was prescribed had a total MED (morphine equivalent dose) of less than 40 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, which does not mean that they are no longer entitled to future medical care. In this case, the claimant is expected to have somewhat predictable activity related pain (i.e. incident pain) when standing and walking. Tramadol is a short acting opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the prescribing of tramadol is medically necessary.

Celecoxib 200mg 1 BID #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

Decision rationale: The claimant has a remote history of a work injury of the right ankle occurring in November 2002. He was seen for an initial evaluation on 03/10/15. He was having intermittent pain, which was increased and cold weather. There had been no new injury. He had not returned to work. Physical examination findings included right ankle and talonavicular joint tenderness. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a GI event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. In this clinical scenario, guidelines do not recommend prescribing a selective COX- 2 medication such as Celebrex over a non-selective medication.