

Case Number:	CM15-0090886		
Date Assigned:	05/15/2015	Date of Injury:	12/12/2009
Decision Date:	06/25/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/11/2015

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: New York, Tennessee

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 38 year old male, who sustained an industrial injury on 12/12/2009. He reported falling off a railway car after being hit by a tractor bucket. The injured worker was diagnosed as having chronic pain syndrome, right ankle pain, status post right ankle fracture, low back pain, possible lumbar discogenic pain, possible lumbar radiculitis, numbness, bilateral shoulder pain, history of fractured ribs, and headaches. Treatment to date has included diagnostics, mental health treatment, right ankle surgery, left knee surgery, transcutaneous electrical nerve stimulation unit, physical therapy, injections, and medications. Currently, the injured worker complains of pain in his right low back, right hip, knees, and right ankle. Pain was rated 6/10 with medication use and 7/10 without. Pain was described as worsened since his last appointment. He reported a flare of low back pain since he started back at the gym for his home exercise program. A review of symptoms noted depression, anxiety, and insomnia. Current medications included Tramadol ER, Voltaren gel, Flexaril, Abilify, and Klonopin. Physical exam of the lumbar spine noted intact sensation, but slightly decreased over the healed incisions of medial aspect of the right ankle. Tenderness over the right paraspinals and myofascial restrictions were noted. Exam of the right ankle noted decreased range of motion with plantar and dorsiflexion and tenderness to palpation over the medial aspect of the right ankle, as well as over the Achilles tendon. He was given an injection of Toradol. He was authorized for a right ankle consult and was scheduled for the following day. X-ray of the right ankle (11/24/2014) noted no acute fracture or dislocation and significant degenerative changes were not seen. Soft tissues were grossly unremarkable. Urine toxicology (10/31/2014) was

inconsistent with prescribed medications. The treatment plan included extra depth boots with rocker sole, acupuncture, and continued medications. He was not working and the use of Tramadol was noted since at least 10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extra Depth Boots with Rocker Ride: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Foot and ankle.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg, Footwear, knee arthritis.

Decision rationale: Footwear is recommended as an option for patients with knee osteoarthritis. Thin-soled flat walking shoes (or even flip-flops or walking barefoot) are recommended. Lateral wedge insoles are recommended in mild OA but not advanced stages of OA. Specialized footwear can effectively reduce joint loads in subjects with knee osteoarthritis, compared with self-chosen shoes and control walking shoes. This study compared the effects of a specialized shoe designed to lower dynamic loads at the knee (referred to as the mobility shoe, a flexible, lightweight shoe engineered to incorporate the potential biomechanic advantages of barefoot walking). The mobility shoe does not contain lifts at the heel, which have been shown to increase knee loads, and its flexible sole is designed to mimic the flexible movement of a bare foot. The results showed that the mobility shoes effectively reduced knee loads while walking. In this case the patient has not been diagnosed with osteoarthritis of the knee. Special footwear is not indicated. The request is not medically necessary.

Tramadol 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Opioids Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 74-96.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects, which include increasing the risk of seizure in patients taking SSRI's, TCA's and other opioids. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be

screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDs have failed. In this case urine toxicology screen indicates that the patient violated the opioid contract that he had with the prescribing physician. The request is not medically necessary.