

<b>Case Number:</b>	CM15-0091019		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	03/12/2012
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Florida

Certification(s)/Specialty: Neurology, 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 48 year old male, who sustained an industrial injury on 3/12/2012. He reported a slip and fall with all the weight onto the left foot. He was initially diagnosed with a left foot crush injury, contusion, and possible fracture of the metatarsal. Treatment included medication, physical therapy, and acupuncture and activity modification. Currently, he complained of increased left foot pain due to inability to obtain pain medication. Pain was rated 4-5/10 VAS. Previously prescribed medications were documented to provide at least 50% pain relief allowing him to tolerate modified work duties. On 3/25/15, the physical examination documented a left side antalgic gait with use of a cane. There were erythematous patches on the left foot and ankle, Achilles tendon tightness, and midfoot tenderness. The treating diagnoses include chronic pain syndrome, left foot pain, closed fracture of metatarsal, gait abnormality, and ankle sprain. The plan of care included Tramadol 50mg tablets #30, Voltaren Gel 1%, and Tramadol 50mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 mg #90, 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 82.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - pain, opioids.

**Decision rationale:** ODG guidelines support opioids with: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The medical records report chronic pain but does not document ongoing opioid risk mitigation tool use in support of chronic therapy congruent with ODG guidelines. As such, chronic opioids are not medically necessary.

**Voltaren gel 1% #2, 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

**Decision rationale:** MTUS notes topical NSAIDS and other agents are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006). NSAID cream may be used in peripheral joint arthritis such as knee and is not supported under MTUS for use on foot or ankle. The medical records do not indicate any issue of non-tolerance of oral NSAID or rationale for a topical NSAID. There is no indication of a neuropathic pain condition. As such, the medical records provided for review do not support use of NSAID cream congruent with MTUS guidelines. Therefore, the request is not medically necessary.