

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Independent Medical Review Final Determination Letter**

[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/23/2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/11/2013  
Date of Injury: 8/15/2008  
IMR Application Received: 7/25/2013  
MAXIMUS Case Number: CM13-0003099

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: OVERTURN. This means we decided that all of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Cardiology, has a subspecialty in Fellowship trained in Cardiovascular Disease and is licensed to practice in California. 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 physician 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/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 50 year-old, who has history of chronic right foot pain. According to a clinic note on 6/12/13, there was mention of decreased tone and turgor of the right hallux, scars distal tip of hallux, sharp, dull, and light touch greater on the left than right foot, foot temperature cool to touch, soft tissue hammer toes 4th and 5th on the right and left, pain with palpation of the right 2<sup>nd</sup> metatarsal, and otherwise physical exam was unremarkable with listed diagnoses of stress fracture and myositis. Also per the 6/12/13 note, there was mention of the need for Tramadol to decrease pain and swelling and increase functionality. However, Tramadol is not an anti-inflammatory medication that addresses swelling. It is also not clear whether this is an initial prescription for this medication or whether this medication has been taken for a long time and if so not clear what specific overall functionality has been achieved as opposed to functionality without this medication. There was also no indication of any significant positive objective physical exam findings that would be accounting for a pain condition requiring the use of this pain medication and not clear why the patient could not use an over-the-counter analgesic. Therefore, this request is not medically reasonable or necessary.

### IMR DECISION(S) AND RATIONALE(S)

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

#### **1. Tramadol 50 mg is medically necessary and appropriate.**

The Claims Administrator based its decision on the MTUS Guidelines, Tramadol.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Tramadol, pages 93-94, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Guidelines indicate that Tramadol is indicated for moderate to severe pain. The immediate release formulation is recommended at a dose of 50 to 100mg PO every 4 to 6 hours (not to exceed 400mg/day). This dose is recommended after titrating patients up from 100mg/day, with dosing being increased every 3 days as tolerated. For patients in need of immediate pain relief, which outweighs the risk of non-tolerability the initial starting dose, may be 50mg to 100mg every 4 to 6 hours (max 400mg/day). The clinical documentation submitted for review evidences that the employee is being subsequently treated for the following diagnoses: (1) Status post right great toe comminuted intra-articular fracture of the proximal and distal phalanges with post-traumatic arthritis; (2) History of right great toe vascular compromise; (3) Very mild right tarsal tunnel syndrome; (4) History of rule out of early complex regional pain syndrome; (5) History of rule out great toe infection; (6) Status post right great toe attempted interphalangeal joint fusion, removal of fracture fragments, and screw placement; (7) History of right great toe interphalangeal joint nonunion with x-ray report of 07/13/2011 of increased fusion; (8) Status post right hallux hardware removal; (9) Status post reported right first metatarsal head exostosis removal; (10) Lumbosacral musculoligamentous strain/sprain, rule out radiculopathy. The clinical note dated 06/12/2013 documents tenderness upon palpation of the second metatarsal. The provider documented a recommendation for the employee to utilize physical therapy to decrease pain and swelling, and to increase functionality, as well as tramadol to decrease pain and swelling, and increase functionality. The provider documented that the employee had reached maximum medical improvement (MMI) as far as the injury. The employee presents with significant injury to the right lower extremity some 5 years status post the work-related injury would appear reasonable. **The request for tramadol 50 mg is medically necessary and appropriate.**

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]  
[REDACTED]  
[REDACTED]