

Case Number:	CM13-0003066		
Date Assigned:	11/22/2013	Date of Injury:	08/10/2010
Decision Date:	01/21/2014	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	07/24/2013

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 Occupational Medicine 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic shoulder pain, neck pain, mid back pain, low back pain, posttraumatic headaches, posttraumatic stress disorder, insomnia, depression, and anxiety reportedly associated with an industrial injury of August 10, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; unspecified amounts of chiropractic manpautlive therapy; transfer of care to and from various providers in various specialties; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of July 11, 2013, the claims administrator reportedly denied a request for tramadol. The applicant's attorney later appealed. An earlier clinical progress note of April 16, 2013 is notable for comments that the applicant reports persistent 8/9 pain with associated headaches. The applicant is having difficulty doing numerous activities of daily living including sitting, standing, lying and sleeping. The applicant is asked to obtain laboratory testing and is given prescriptions for Norco, Colace, and meclizine while remaining off of work, on total temporary disability. A later note of July 11, 2013 is again notable for comments that the applicant remains off of work, on total temporary disability, is having ongoing complains of 5 to 8/10 pain despite physical therapy and acupuncture. The applicant is given a refill of tramadol, asked to pursue additional physical therapy, and remains off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for tramadol 15 mg #60 with one (1) refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on the Page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved function and/or reduce pain effected through ongoing opioid usage. In this case, however, none of the aforementioned criteria have seemingly been met. There is no clear evidence of reduction in pain scores through ongoing opioid usage. The applicant has not returned to work. The applicant is reporting heightened difficulty in terms of performance of non-work activities of daily, moreover. For all of these reasons, then, the original utilization decisions is upheld. The request remains non-certified, on independent medical review.