

Case Number:	CM13-0009158		
Date Assigned:	12/11/2013	Date of Injury:	02/27/2003
Decision Date:	02/13/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/09/2013

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 represented [REDACTED] employee who has filed a claim for chronic low back and leg pain reportedly associated with an industrial injury of February 27, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical agents, transfer of care to and from various providers in various specialties, adjuvant medications; work restrictions; prior total knee arthroplasty; and prior lumbar fusion surgery. The applicant's case and care have apparently been complicated by comorbid diabetes, hypertension, and dyslipidemia. In a Utilization Review Report of July 25, 2013, the claims administrator approved a request for a knee x-ray while denying a request for tramadol. A clinical progress note of August 21, 2013 is notable for comments that the applicant reports 5-6/10 pain about the knee and low back pain. His medications afford 50% diminution in pain, it is stated. The applicant is on tramadol, Voltaren gel, Neurontin, Zocor, Norvasc, benazepril, glipizide, aspirin and metformin. The applicant's BMI is 29. It is stated that the applicant is deriving appropriate analgesia through usage of tramadol and that the applicant is performing a home exercise program. It does not appear that the applicant is given work restrictions, which are apparently resulting in his being precluded from returning to work as a forklift driver.

IMR ISSUES, DECISIONS AND RATIONALES

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

prospective request for one (1) prescription of Tramadol 50mg between July 17, 2013 and September 16, 2013: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: As noted on page 80 of the MTUS Chronic Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning and reduced pain effected as a result of ongoing opioid usage. In this case, the attending provider has established the presence of two of the three criteria. Specifically, the applicant does report appropriate analgesia and improved performance of home exercises as a result of ongoing tramadol usage. While there is no evidence that the applicant has returned to work with restrictions in place, it does appear, on balance, that continuing opioid therapy is indicated and appropriate given the 50% analgesia and improved performance of a home exercise program, which tramadol reportedly allows. Therefore, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.