

Case Number:	CM13-0011679		
Date Assigned:	12/11/2013	Date of Injury:	03/16/2011
Decision Date:	01/29/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/15/2013

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.

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 claimant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, depression, anxiety, shoulder pain, and upper extremity pain reportedly associated with cumulative trauma at work. The applicant is no longer working as a cook at [REDACTED], it is incidentally noted. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; psychotropic medications; psychological counseling; unspecified amounts of physical therapy; blood pressure lowering medication; and extensive periods of time off of work. In a utilization review report of July 19, 2013, the claims administrator denied a request for tramadol citing a lack of supporting documentation and poorly legible documentation. The applicant's attorney later appealed. A handwritten note of July 3, 2013 is difficult to follow, not entirely legible, notable for comments that the applicant reports persistent low back pain and left knee pain. The applicant is given prescriptions for physical therapy, manipulation, extracorporeal shockwave therapy, and a neurosurgery consultation. The applicant is seemingly off of work. An August 28, 2013 neurosurgery consultation is notable for comments that the applicant has not worked as a cook at [REDACTED] since 2011. The applicant is diagnosed as having a clear lumbar radiculopathy secondary to a disk herniation at L5-S1. The applicant is asked to try Lyrica for pain relief and consider an L5-S1 decompressive surgery if that fails.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and Physical Examination.

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

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved function, and/or reduced pain effected as a result of ongoing opioid usage. In this case, however, there is no evidence that any of the aforementioned criteria have been met. The applicant has not returned to work. There is likewise no evidence of successful reduction in pain scores and/or improved performance of activities of daily effected as a result of prior Tramadol usage.