

Case Number:	CM13-0022520		
Date Assigned:	12/11/2013	Date of Injury:	03/14/2008
Decision Date:	01/23/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/10/2013

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 knee pain, low back pain, and shoulder pain with superimposed psychological stress and depression reportedly associated with an industrial injury of March 14, 2008. The applicant has been treated with the following: Analgesic medications; psychotropic medications; prior right knee medial meniscectomy on October 25, 2012; unspecified amounts of psychotherapy; psychotropic medications; and extensive periods of time off of work. In a July 23, 2012 office note, it is stated that the applicant will remain off of work indefinitely owing to mental health issues. In Utilization Review Report of August 27, 2013, the claims administrator additionally denied a request for tramadol, citing lack of supporting information. The applicant's attorney later appealed. In an October 28, 2013, progress note it is stated that applicant is depressed, irritable and withdrawn. It is stated that applicant's psychotropic medications including Viibryd are reportedly helping. An earlier note of February 13, 2013, is notable for comments that the applicant is using vitamin, Voltaren, and tramadol

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Tramadol 50 mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: As noted on page 80 of the California Medical Treatment Treatment Utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include the successful return to work, improved function, and/or reduced pain effected as a result of ongoing opioid usage. In this case, however, it does not appear that applicant meets any of the aforementioned criteria. The applicant has failed to return to work. The applicant is off of work, on total temporary disability, several years removed from the date of injury, although this admittedly appears to be a function more of the applicant's mental health issues as opposed to his medical issues. There is likewise no evidence of improved function and/or reduction in pain scores effected as a result of ongoing tramadol usage. Therefore, the request is not certified.