

Case Number:	CM13-0063515		
Date Assigned:	12/30/2013	Date of Injury:	11/14/2011
Decision Date:	05/20/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 neck, shoulder, and low back pain reportedly associated with an industrial injury of November 14, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; earlier total shoulder arthroplasty; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; and extensive periods of time off of work. In a Utilization Review Report of November 19, 2013, the claims administrator denied a request for tramadol on the grounds that the attending provider did not attach any clinical progress notes along with the request for authorization. The applicant's attorney subsequently appealed. In a December 19, 2013, the attending provider did in fact prescribe tramadol through the usage of preprinted checkboxes, without attaching any commentary or progress notes. An earlier note of November 19, 2013 was notable for comments that the applicant reported persistent neck, shoulder, bilateral hand, and bilateral wrist pain. The applicant is asked to continue taking unspecified pharmaceutical agents. The applicant was described as retired at that point in time. The applicant's medication list was not detailed or described. Multiple other prescriptions interspersed throughout 2013 are notable for comments that the applicant was issued various medications without any accompanying rationale. On May 20, 2013, the applicant was issued prescriptions for Naprosyn, Prilosec, Zofran, Flexeril, Imitrex, tramadol, and Medrox and placed 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:

90 TRAMADOL HCI ER 150MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94, & 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 include evidences of successful return to work, improved functioning, and/or reduced pain achieved as a result of ongoing opioid therapy. In this case, however, these criteria have not been met. The applicant is off of work. The applicant seemingly failed to affect any lasting benefit, reduction in pain scores, or improved ability to perform non-work activities of daily living as a result of ongoing tramadol usage. Therefore, the request for continued tramadol usage is not medically necessary.