

Case Number:	CM14-0002994		
Date Assigned:	06/11/2014	Date of Injury:	04/16/2001
Decision Date:	08/08/2014	UR Denial Date:	12/14/2013
Priority:	Standard	Application Received:	01/08/2014

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, has a subspecialty in Preventive 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 low back pain, epididymitis, and inguinal neuralgia reportedly associated with an industrial injury of April 16, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report dated December 13, 2013, the claims administrator partially certified tramadol, apparently for weaning purposes. Portions of the Utilization Review Report, however, were truncated. In a Doctor's First Report dated October 22, 2013, the applicant apparently transferred care to a new primary treating provider (PTP). The applicant was given diagnoses of orchitis, epididymitis, and sacroiliac joint pain. Reportedly severe groin, sacroiliac, and testicular pain were noted. A urology evaluation, SI joint injection, MRI imaging, and groin ultrasound were apparently ordered, along with unspecified medications. The applicant was given work restrictions. It was stated that the applicant recently returned to work with another employer as a driver with permanent limitations in place. It was stated that the applicant had likely diagnosis of lumbar radiculopathy. Doxycycline was endorsed for epididymitis. Tramadol was apparently later introduced on November 29, 2013. It was stated that the applicant had started the same and that tramadol was reportedly helpful. Doxycycline did not alleviate the applicant's pain, it was further noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PRESCRIPTION OF TRAMADOL 50MG: Overturned

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 When to Continue Opioids topic. Tramadol section Page(s): 80, 94.

Decision rationale: As noted on page 94 of the MTUS Chronic Pain Medical Treatment Guidelines, tramadol is "indicated" for moderate-to-severe pain, as was present here around the date in question. The request for tramadol appeared to represent a recent introduction. As further noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the attending provider has posited that the applicant did return to work as a driver, albeit with permanent limitations in place. The applicant did report appropriate analgesia with introduction of tramadol. Continuing the same, on balance, was therefore indicated. Accordingly, the request is medically necessary and appropriate.