

Case Number:	CM14-0106065		
Date Assigned:	07/30/2014	Date of Injury:	06/06/2011
Decision Date:	10/08/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/09/2014

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 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 and rib pain reportedly associated with an industrial injury of June 9, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; opioid therapy; physical therapy; and manipulative therapy. In a Utilization Review Report dated June 10, 2014, the claims administrator reportedly partially certified a request for Ultram extended release for the purposes of weaning over the next two to three months. The applicant's attorney subsequently appealed. In a handwritten note dated October 20, 2013, the applicant was placed off of work, on total temporary disability. Persistent complaints of groin pain were reported. The note was somewhat difficult to follow. In a May 7, 2014 progress note, the applicant reported persistent complaints of mid back and chest wall pain. The applicant was given diagnoses of intercostal neuralgia, thoracic facet arthropathy, and right-sided inguinal hernia. Lidoderm patches, gabapentin, Relafen, and tramadol were endorsed, along with topical-compounded agents. It was stated that the request for tramadol was a renewal request as the applicant was asked to "continue Relafen and tramadol." The applicant was pending an inguinal hernia repair surgery. The applicant's pain levels ranged from 6-8/10, exacerbated by sitting, standing, and/or walking, it was acknowledged. The applicant was having difficulty with prolonged sitting and standing. The applicant's ability to perform activities of daily living was limited, it was noted. The applicant had been receiving extensive chiropractic care and acupuncture, which provided only temporary relief, it was further stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER (Tramadol) 100mg #30: Upheld

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 topic 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 evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is seemingly off of work. The progress notes on file suggest that the applicant reports 6-8/10 pain, despite ongoing tramadol usage. The applicant is having difficulty performing activities of daily living as basic as sitting, standing, and walking. All of the above, taken together, do not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.