

Case Number:	CM14-0153388		
Date Assigned:	09/23/2014	Date of Injury:	06/13/2012
Decision Date:	10/27/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/19/2014

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 knee, hand, and finger pain reportedly associated with an industrial injury of June 13, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; earlier trigger finger release and carpal tunnel release surgery on December 11, 2013; earlier total knee arthroplasty; opioid therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 18, 2014, the claims administrator failed to approve request for tramadol. The claims administrator did suggest, somewhat incongruously, that the applicant had returned to regular duty work in some portion of its rationale. The applicant's attorney subsequently appealed. In a progress note dated August 6, 2014, the applicant reported that her numbness, swelling, and pain had improved following the carpal tunnel release and trigger finger surgeries of late 2013 and January 29, 2014. The applicant had reportedly returned to regular duty work, it was acknowledged. Regular duty work was endorsed. Variety of medications, including Prilosec, Voltaren, tramadol, glipizide and metformin were renewed. The applicant stated that her pain was mild, with medications, and that the medication in request was well tolerated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #80(Rx 8/5/14): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78,81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. 9792.20f 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 result of the same. In this case, the applicant has reported that her pain is well controlled with ongoing opioid therapy. The applicant reports her ongoing pain complaints are reportedly mild and well controlled with ongoing tramadol usage. The applicant's successful return to regular duty work with ongoing tramadol usage, furthermore, constitutes prima facie evidence of functional improvement as defined in MTUS 9792.20f through ongoing usage of the same. Therefore, the request is medically necessary.