

Case Number:	CM14-0167777		
Date Assigned:	10/15/2014	Date of Injury:	06/27/2011
Decision Date:	12/04/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/11/2014

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 pain reportedly associated with an industrial injury of June 27, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated September 11, 2014, the claims administrator denied a request for tramadol while approving a request for Lyrica. The applicant subsequently appealed. In a September 2, 2014 progress note, the applicant reported ongoing complaints of low back pain. The applicant stated that ongoing medication usage was facilitating his ability to perform home exercises, including taking long walks on a treadmill. 7/10 pain without pain without medication was reported, versus 3/10 pain with medications. Ongoing complaints of low back pain were noted with radiation to the right leg. Tramadol, Lyrica, and permanent work restrictions were renewed. The applicant was asked to continue his home exercises. It did not appear that the applicant was working with permanent limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 93-94, 124.

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, while it does not appear that the applicant has returned to work with permanent limitations in place, the attending provider has posited that ongoing medication usage has diminished the applicant's pain scores from 7/10 without medications to 3/10 with medications and has, furthermore, facilitated the applicant's performing home exercise, including daily walking on a treadmill. Continuing tramadol, thus, is indicated on balance. Therefore, the request is medically necessary.