

Case Number:	CM14-0185130		
Date Assigned:	11/13/2014	Date of Injury:	05/06/2014
Decision Date:	12/19/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/06/2014

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 knee pain reportedly associated with an industrial injury of May 6, 2014. In a utilization review report dated October 23, 2014, the claims administrator approved electrodiagnostic testing of the right upper extremity while denying tramadol - acetaminophen (Ultracet). Non-MTUS ODG Guidelines were invoked to deny tramadol - acetaminophen. The claims administrator stated that its denial was based on a September 9, 2014, request for authorization (RFA) form and associated progress notes of August 25, 2014, and October 7, 2014. The applicant underwent electrodiagnostic testing of the cervical spine and right upper extremity on October 31, 2014, which was interpreted as negative for any radiculopathy, polyneuropathy, or mononeuropathy. On October 15, 2014, electrodiagnostic testing of the right upper extremity and Ultracet were sought. On October 7, 2014, the applicant reported ongoing complaints of wrist, knee, low back, and upper extremity pain. The applicant was reportedly doing home exercises, it was stated. The applicant stated that her knee buckled from time to time. Electrodiagnostic testing was endorsed. The applicant was given a prescription for tramadol - acetaminophen (Ultracet). A rather proscriptive 10-pound lifting limitation was endorsed. The attending provider suggested (but not clearly stated) that the applicant was not working with said limitations in place. It was suggested that the request for tramadol represented a renewal request, although this was not clearly stated. In an earlier progress note dated September 8, 2014, the attending provider acknowledged that the applicant was not working. Persistent complaints of elbow, wrist, knee, and low back pain were appreciated. The applicant noted that range of motion testing was painful. Additional physical therapy was sought. The applicant's medication list included tramadol, Norvasc, and Synthroid, it was acknowledged

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol-APAP 50 mg #60: 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. Here, however, the applicant is not working with a rather proscriptive 10-pound lifting limitation imposed by the treating provider in place. An October 7, 2014, progress note further suggested that the applicant was having difficulty with prolonged walking activities. This, coupled with the attending provider's failure to outline any quantifiable decrements in pain achieved as a result of ongoing Ultracet (tramadol - acetaminophen) usage, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary