

Case Number:	CM14-0021804		
Date Assigned:	05/09/2014	Date of Injury:	02/06/2012
Decision Date:	07/09/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/20/2014

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 neck, shoulder, and elbow pain reportedly associated with an industrial injury of February 6, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report of February 4, 2014, the claims administrator apparently denied a request for Tramadol, citing lack of supporting information. In a prescription form dated October 25, 2013, the attending provider furnished the applicant with prescriptions for Naprosyn, Flexeril, Omeprazole, and Tramadol. Preprinted checkboxes were used. No narrative rationale or commentary was attached to the request for authorization. On January 15, 2014, the attending provider again furnished the applicant with prescriptions for Naprosyn, Flexeril, Zofran, Prilosec, and Tramadol, again via usage of preprinted checkboxes without any narrative commentary. Earlier progress notes of October 1, 2013 and June 21, 2013 were notable for comments that the applicant's pain complaints were worse. The applicant was having difficulty with a variety of activities of daily living, including stretching, lifting, and reaching. The applicant was placed off of work, on both occasions.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL HYDROCHLORIDE EXTENDED RELEASE 150 MG #90 ONCE A DAY FOR PAIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: According to 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 off of work, on total temporary disability. There has been no evidence of improved function and/or improved performance of activities of daily living affected as a result of ongoing tramadol usage. Therefore, the request for Tramadol Hydrochloride extended release 150 mg #90 once a day for pain is not medically necessary and appropriate.