

Case Number:	CM14-0038487		
Date Assigned:	06/27/2014	Date of Injury:	04/20/2009
Decision Date:	08/06/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	04/01/2014

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 low back pain reportedly associated with an industrial injury of April 20, 2009. 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 opioid therapy. In a Utilization Review Report dated March 5, 2014, the claims administrator denied a request for tramadol. In a pain management note of June 19, 2014, the applicant was described as having persistent complaints of neck and low back pain, 4/10 with medications and 6/10 pain without medications. The applicant was having difficulty performing even basic activities of daily living, including self care, personal hygiene, ambulating, sitting, and walking, it was stated. Epidural steroid injection therapy was pending. The applicant was described as having severe functional disability. The applicant was described as currently not working. The applicant's medication list included ketoprofen, tramadol, and Tenormin, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50 MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN GUIDELINES/TRAMADOL.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids 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, the applicant's comments that his pain levels have dropped from 6/10 to 4/10 with medications appears to be marginal to negligible and is outweighed by the applicant's seeming failure to return to any form of work and continued difficulty performing even basic activities of daily living, including ambulating, sitting, standing, sleeping, etc. Therefore, the request for tramadol is not medically necessary.