MAXIMUS Federal Services

Case Number:	CM14-0054615		
Date Assigned:	07/07/2014	Date of Injury:	06/04/2006
Decision Date:	09/09/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/22/2014

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 4, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; opioid therapy; topical agents; earlier knee arthroscopy; earlier cervical fusion surgery; earlier lumbar spine surgery; unspecified amounts of physical therapy; and extensive periods of time off of work. In a Utilization Review Report dated March 28, 2014, the claims administrator denied a request for Tramadol and the applicant's attorney subsequently appealed. In a handwritten note dated March 12, 2014, the applicant apparently presented with unchanged low back and neck pain. The note was extremely difficult to follow. Spasms and limited range of motion about numerous body parts were noted. Synvisc injection and unspecified prescriptions were renewed while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, however, the applicant is off of work, on total temporary disability. The attending provider has not reported any tangible improvements in function or reductions in pain achieved as a result of ongoing Tramadol usage. Therefore, the request is not medically necessary.