

Case Number:	CM14-0056553		
Date Assigned:	07/09/2014	Date of Injury:	06/22/2011
Decision Date:	09/12/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/25/2014

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 pain, shoulder pain, and elbow pain reportedly associated with an industrial injury of June 22, 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; topical agents; an 11% whole-person impairment rating; and the apparent imposition of permanent work restrictions which resulted in the applicant's removal from the work place. In a Utilization Review Report dated April 15, 2014, the claims administrator denied a request for Tramadol. The applicant's attorney subsequently appealed. In a handwritten note dated March 7, 2014, difficult to follow, not entirely legible, the applicant presented with multifocal, elbow, neck, and hand pain with associated tenderness and limited range of motion noted about multiple body parts. Multiple medications, including Gabapentin and Tramadol, were renewed. The applicant's work status was not furnished on this occasion. In an earlier handwritten note dated January 23, 2014, the applicant was placed off of work, on total temporary disability. It was suggested that the applicant had failed conservative treatment with physical therapy, medications, and adjuvant medications. Cervical epidural steroid injection therapy was sought. The notes were handwritten, sparse, and extremely difficult to follow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain Page(s): 74-97.

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, however, the applicant is off of work. The attending provider has not outlined any tangible or material decrements in pain or improvements in function achieved as a result of ongoing Tramadol usage. Therefore, the request is not medically necessary.