

Case Number:	CM14-0061531		
Date Assigned:	07/09/2014	Date of Injury:	03/12/2013
Decision Date:	08/18/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/02/2014

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 has filed a claim for chronic wrist pain, knee pain, and neck pain reportedly associated with an industrial injury of March 12, 2013. Thus far, the applicant has been treated with the following, analgesic medications; attorney representations; unspecified amounts of physical therapy; opioid therapy; and dietary supplements. A May 2, 2014 progress note was notable for comments that the applicant reported persistent complaints of low back and bilateral knee pain, 8/10. The applicant stated that Vicodin was helping a little. The applicant was not presently attending therapy. The applicant did exhibit an antalgic gait. It was stated that the applicant was experiencing heightened complaints of low back pain and would therefore be taken off of work for 45 days. In a January 9, 2014 medical-legal evaluation, the applicant was described as using Vicodin, Ambien, Acutrim, and Soma. The applicant was given a 6% whole person impairment rating. On February 7, 2014, the applicant's primary treating provider suggested that ongoing usage of Norco had been beneficial and suggested continuing the same. Work restrictions were endorsed. It was not clearly stated whether the applicant was working on this occasion. On March 7, 2014, the applicant was described as working. The applicant reportedly lost 24 pounds of weight, it was stated, by self report, although the attending provider did not document the applicant's weight on this visit. The applicant stated that she was not deriving any benefit from present usage of hydrocodone and therefore wished to try tramadol. Permanent work restrictions were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 90mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 94, Tramadol section. Page(s): 94.

Decision rationale: As noted on page 94 of the MTUS Chronic Pain Medical Treatment Guidelines, tramadol or Ultram is indicated in the treatment of moderate to severe pain, as is present here in the form of the applicant's multifocal chronic low back and knee pain. The attending provider had posited that earlier usage of hydrocodone or Norco had waned in efficacy and therefore wished to introduce Ultram (tramadol). This was indicated. Therefore, the request was medically necessary.

Tramadol 50mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 94, Tramadol section. Page(s): 94.

Decision rationale: As noted on page 94 of the MTUS Chronic Pain Medical Treatment Guidelines, tramadol is indicated in the treatment of moderate to severe pain, as was present here. Furthermore, the attending provider had posited that earlier usage of hydrocodone had waned in efficacy. Rotation to tramadol was therefore indicated. Accordingly, the request was medically necessary.

App Trim: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The MTUS does not address the topic of dietary supplements. As noted in the Third Edition ACOEM Guidelines Chronic Pain Chapter, complementary treatments, alternative treatments, and/or dietary supplements such as Apptrim are not recommended in the treatment of chronic pain as they have not been shown to produce any meaningful benefits or favorable functional outcomes in the treatment of the same. In this case, no compelling applicant-specific rationale, narrative commentary, or medical evidence was provided which would offset the unfavorable ACOEM recommendation. It was not stated why Apptrim was being provided. This may have been provided for weight loss purposes, although again, this was not clearly stated. The attending provider did not, furthermore, document the applicant's weight or BMI on the office visit on

which Apptrim was requested. For all of the stated reasons, then, the request for Apptrim was not medically necessary.

Decision rationale: The MTUS does not address the topic of dietary supplements. As noted in the ACOEM Guidelines Chronic Pain Chapter, complementary treatments, alternative treatments, and/or dietary supplements such as Apptrim are not recommended in the treatment of chronic pain as they have not been shown to produce any meaningful benefits or favorable functional outcomes in the treatment of the same. In this case, no compelling applicant-specific rationale, narrative commentary, or medical evidence was provided which would offset the unfavorable ACOEM recommendation. It was not stated why Apptrim was being provided. This may have been provided for weight loss purposes, although again, this was not clearly stated. The attending provider did not, furthermore, document the applicant's weight or body mass index on the office visit on which Apptrim was requested. For all of the stated reasons, then, the request for Apptrim was not medically necessary.