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| Case Number: | CM14-0074343 | | |
| Date Assigned: | 07/16/2014 | Date of Injury: | 03/03/2005 |
| Decision Date: | 09/22/2014 | UR Denial Date: | 05/02/2014 |
| Priority: | Standard | Application Received: | 05/19/2014 |

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 and bilateral shoulder pain reportedly associated with an industrial injury of March 3, 2005. Thus far, the applicant has been treated with analgesic medications; attorney representations; opioid therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated May 2, 2014, the claims administrator denied a request for Tramadol, invoking Non-MTUS Official Disability Guidelines in its denial. The denial, while somewhat blurred as a result of repetitive photocopying and faxing, did appear to be predicated on the fact that the applicant was using what the claims administrator believed to be an untoward number of morphine equivalents. The applicant's attorney subsequently appealed. In an April 4, 2014 progress note, the applicant reported 6/10 pain with medications and 8-9/10 pain without medications. The applicant was using Tramadol, Flexeril, and Omeprazole. Multifocal neck pain, bilateral shoulder pain, and low back pain were reported. The applicant was given refills of Naprosyn, Omeprazole, Tramadol, and Flexeril. The applicant was not working, the attending provider acknowledged. In an earlier note dated January 6, 2014, the applicant was given prescriptions for Celebrex, Prilosec, Tramadol, and Flexor at that point in time. It was again stated that the applicant was not working and had persistent complaints of multifocal neck, bilateral shoulder, and low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

200 tablets of Tramadol 50mg, 1 or 2 tablets 4 times a day PRN for symptoms related to cervical and lumbar spine and bilateral shoulder injury: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics.

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. While the attending provider has reported some incomplete analgesia with ongoing medication usage, including ongoing Tramadol usage, the attending provider has not discussed or recounted any material improvements in function with ongoing medication usage. On balance, then, two of the three criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy have not been met. Therefore, the request is not medically necessary.