

Case Number:	CM14-0079973		
Date Assigned:	07/18/2014	Date of Injury:	09/25/2001
Decision Date:	09/23/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/30/2014

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 September 25, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; 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 partially certified a request for Ultram, apparently for weaning purposes. The applicant's attorney subsequently appealed. In a progress note dated October 19, 2004, the applicant was described as using oral Voltaren and extended release tramadol. In a January 24, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant was using Relafen, Flexeril, and tramadol. The applicant stated that Relafen was for anti-inflammatory effect. Motrin was for breakthrough pain, and Flexeril was for periscapular tightness. The attending provider stated that the medications were beneficial but did not elaborate as to how the medications were helping. The applicant's work status was not furnished. On February 6, 2014, tramadol was renewed. On various progress notes interspersed throughout 2013 and 2014, the attending provider stated that ongoing medication usage allowed the applicant to function at current levels. The attending provider did not elaborate on the applicant's functionality, however, nor did the attending provider state whether or not the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 80, 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, the applicant does not appear to be working. The attending provider has not furnished the applicant's work status on any recent progress notes in 2013 and 2014. While the attending provider has suggested that usage of medications, including usage of Tramadol as ameliorated the applicant's pain and/or function, the attending provider has not quantified this. The attending provider has not recounted any specific improvements in function achieved as a result of ongoing Ultram usage. The attending provider has not quantified the decrements in pain reportedly achieved as a result of ongoing Ultram usage. Therefore, the request is not medically necessary.