MAXIMUS Federal Services

Case Number:	CM14-0088812		
Date Assigned:	07/23/2014	Date of Injury:	11/26/2003
Decision Date:	09/11/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/12/2014

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 injured worker is a represented [redacted] employee who has filed a claim for chronic neck, shoulder, and mid back pain reportedly associated with an industrial injury of November 26, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; opioid therapy; and unspecified amounts of physical therapy over the course of the claim.In a Utilization Review Report dated June 2, 2014, the claims administrator denied a request for tramadol. The applicant's attorney subsequently appealed. In a medical-legal evaluation of June 20, 2006, it was suggested that the applicant was not working, was unable to return to work, and was given a 17% whole person impairment rating. The applicant's case and care were apparently complicated by comorbid diabetes. On December 3, 2013, the applicant reported multifocal ankle, knee, and shoulder pain. The applicant was using tramadol, metformin, Paxil, Pepcid, Montelukast, hydrochlorothiazide, aspirin, Lipitor, Glipizide, and losartan, it was acknowledged.Tramadol was endorsed via several handwritten prescriptions forms, many of which were not clearly dated, including on February 13, 2014. No narrative commentary or completed progress note was attached to the February 13, 2014 request for authorization/prescription for Tramadol.On February 25, 2013, the attending provider noted that the applicant had ongoing complaints of neck and back pain. The applicant was walking and maintaining home exercises with Tramadol, it was stated. The applicant stated that her pain levels dropped by 75% with ongoing usage of Tramadol. The applicant was seemingly working with limitations in place, the attending provider posited, admittedly through usage of preprinted checkboxes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg, #120.: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Tramadol and Identify Criteria for Use for a Therapeutic Trail of Opioids.

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, per the admittedly limited and dated information on file, the applicant is reporting reduction in pain scores of 75% with ongoing usage of tramadol. The applicant has apparently returned to work as a room attendant, the attending provider has further stated, and is able to maintain a home exercise program through ongoing usage of tramadol. Continuing the same, on balance, is therefore indicated. Therefore, the request is medically necessary.