

Case Number:	CM13-0021854		
Date Assigned:	12/27/2013	Date of Injury:	07/12/2007
Decision Date:	03/26/2015	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/09/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 55-year-old [REDACTED] beneficiary, who has filed a claim for chronic neck pain reportedly associated with an industrial injury of July 12, 2007. In a Utilization Review Report dated August 19, 2013, the claims administrator failed to approve a request for Ultram (tramadol). The applicant's attorney subsequently appealed. In an earlier note dated February 11, 2013, the applicant reported ongoing complaints of neck, shoulder, wrist, hand, and foot pain. The applicant was placed off of work, on total temporary disability. The applicant was given refills of tramadol, Flexeril, and Prilosec. On March 13, 2013, the applicant was again placed off of work, on total temporary disability. Tramadol was renewed. 2/6 multifocal pain complaints were evident. On June 6, 2013, the applicant was again placed off of work, on total temporary disability while Flexeril and tramadol were renewed. Highly variable 2 to 6/10 neck, foot, and heel pain was reported. On July 20, 2013, the applicant was, once again, placed off of work, on total temporary disability. 2 to 6/10 pain complaints were again reported. The applicant's overall levels of activity were diminished. Tramadol was renewed, while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF ULTRAM 50MG ONE 3 X PER DAY QTY:120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 97.

Decision rationale: No, the request for Ultram (tramadol), a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. 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. Here, the applicant was/is off of work, on total temporary disability, despite ongoing usage of tramadol (Ultram). The applicant's activity levels were diminishing from visit to visit, the treating provider acknowledged. The attending provider failed to outline any meaningful or material improvements in function effected as a result of ongoing tramadol usage. The attending provider likewise did not outline any quantifiable decrements in pain achieved as a result of the ongoing tramadol (Ultram) usage, if any. Therefore, the request was not medically necessary.