

Case Number:	CM13-0023264		
Date Assigned:	10/11/2013	Date of Injury:	01/31/2013
Decision Date:	03/26/2015	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/06/2013

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 [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 13, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of manipulative therapy; unspecified amounts of physical therapy; unspecified amounts of acupuncture; and a lumbar support. On August 26, 2013, the claims administrator failed to approve a request for tramadol. The applicant's attorney subsequently appealed. Tramadol was apparently endorsed via an RFA form of August 12, 2013. In a work status report dated May 30, 2013, the applicant was given work restrictions. Excedrin, Flexeril, tramadol, and acupuncture were all endorsed. It was not clearly stated whether the applicant was or was not working with said limitations in place. In a May 30, 2013 progress note, the applicant was placed off of work, on total temporary disability while Flexeril, tramadol, and Excedrin were endorsed. Acupuncture was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66, 93-94.

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. 9792.20.

Decision rationale: No, the request for 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, however, the applicant was seemingly off of work, on total temporary disability, despite ongoing usage of tramadol. The attending provider's RFA form of August 12, 2013 was handwritten, sparse, and difficult to follow, not entirely legible, and did not contain any evidence that the applicant had effected a significant, material, or functional benefit as a result of ongoing tramadol usage, nor did the attending provider outline any quantifiable decrements in pain effected as a result of the same. Therefore, the request was not medically necessary.