

<b>Case Number:</b>	CM14-0187091		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	12/18/2012
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 shoulder, knee, elbow, and neck pain reportedly associated with an industrial injury of December 18, 2012. In a Utilization Review Report dated November 4, 2014, the claims administrator approved a cortisone injection, eight sessions of physical therapy, Neurontin, Voltaren gel, tramadol, and Pamelor while denying a second request for tramadol (Ultram) and an interferential stimulator trial. The claims administrator stated that its decision was based on an October 29, 2014 RFA form. The applicant's attorney subsequently appealed. On July 8, 2014, the applicant reported multifocal complaints of neck, knee, and shoulder pain. The applicant was apparently using tramadol, Voltaren, Lantus, Neurontin, metformin, Zestril, and Pamelor, it was acknowledged. Multiple medications were renewed on this occasion. Permanent work restrictions were renewed. The applicant did not appear to be working with said permanent limitations in place. In a progress note dated November 19, 2014, it was acknowledged that the applicant was not working. The applicant reported 7/10 pain without medications and 3/10 pain with medications. The applicant's medication list, at this point, reportedly included Neurontin, tramadol, Pamelor, and Voltaren gel. Several medications were refilled while the applicant was kept off of work, on total temporary disability. It was stated that the applicant's paresthesias had diminished with ongoing use of Neurontin and Pamelor. It was stated that the applicant was able to perform certain activities of daily living, such as cleaning, with the introduction of tramadol. In a November 7, 2014 appeal letter, the attending provider stated that the applicant had pain in the moderate-to-severe range 8/10 without tramadol and 3/10 with tramadol. The attending provider stated that tramadol was ameliorating the applicant's ability to perform household chores, including household cleaning.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #30 no refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, 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. Here, the applicant is, per several progress notes and appeal letters, referenced above, deriving appropriate analgesia with ongoing tramadol usage. While the applicant has failed to return to work, ongoing Ultram (tramadol) usage has facilitated the applicant's ability to perform activities of daily living, including household chores such as cleaning and home exercises, it has been posited. Continuing the same, on balance, was indicated. Therefore, the request is medically necessary.

**Interferential Stim Unit Trail (30days):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation topic Page(s): 120.

**Decision rationale:** While page 120 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that interferential current stimulation can be employed on a one-month trial basis in applicants in whom pain is ineffectively controlled due to diminished medication efficacy, applicants in whom pain is ineffective controlled owing to medication side effects, and/or applicants who have a history of substance abuse that prevent provision of analgesic medications, in this case, however, there were no such issue(s) present here. The attending provider's progress notes, referenced above, suggested that the applicant was deriving appropriate analgesia and improvements in function through a combination of Pamelor, Neurontin, and tramadol, effectively obviating the need for the interferential current stimulator trial. Therefore, the request is not medically necessary.