

Case Number:	CM14-0190623		
Date Assigned:	11/24/2014	Date of Injury:	08/02/1999
Decision Date:	01/13/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/14/2014

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 August 2, 1999. In a Utilization Review Report dated October 31, 2014, the claims administrator failed to approve requests for Tramadol and Cartivisc (Glucosamine). The claims administrator noted that the applicant had a history of earlier left shoulder surgery. The claims administrator suggested that the applicant was working regular duty. The claims administrator further stated that its decision was based on an October 8, 2014 progress note and associated Request for Authorization (RFA) form. The applicant's attorney subsequently appealed. In an October 8, 2014 progress note, the applicant reported persistent complaints of low back, left shoulder, and left arm pain. The applicant was under the concurrent care of a podiatrist, it was acknowledged. The applicant was presently working at the [REDACTED] it was suggested. The applicant was using Norvasc, Zestril, and an unspecified diuretic. 6-7/10 pain was noted. In another section of the note, somewhat incongruously, it was stated that the applicant was "not working." Six sessions of physical therapy were sought. The applicant was asked to return to work. Tramadol extended release and Glucosamine were prescribed. The bulk of the information on file comprised of copies and/or reprisals of the October 8, 2014 progress note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150 mg #60 with one refill: 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 Tramadol Page(s): 94, 113.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, Tramadol is not recommended as a first-line oral analgesic. In this case, the provider stated on an October 8, 2014 progress note that he was introducing Tramadol for the first time. It was not clear why Tramadol extended release was selected on this occasion. Page 94 of the MTUS Chronic Pain Medical Treatment Guidelines further suggests that applicants not currently using immediate release Tramadol, such as the applicant in question here, should be started on Ultram (Tramadol) extended release at a dose of 100 mg once daily. The request for Tramadol extended release 150 mg, thus, was at odds with both pages 113 and 94 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Cortivisc 500/200 mg #90 with one refill: 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 Glucosamine Page(s): 50.

Decision rationale: While page 50 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Glucosamine (Cartivisc) is recommended as an option in applicants with moderate arthritis pain, especially those applicants with knee arthritis, in this case, however, the documentation on file does not establish the presence of active issues with either generalized arthritis or knee arthritis for which Cartivisc (Glucosamine) would have been indicated. Rather, the applicant was described as having chronic nonspecific low back and shoulder pain. Therefore, the request is not medically necessary.