

Case Number:	CM14-0196828		
Date Assigned:	12/04/2014	Date of Injury:	06/01/1994
Decision Date:	01/22/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/24/2014

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 filed a claim for chronic neck, shoulder, and bilateral upper extremity pain with derivative complaints of psychological stress reportedly associated with an industrial injury of June 1, 1994. In a Utilization Review Report dated November 11, 2014, the claims administrator failed to approve request for tramadol citing an October 23, 2014 progress note and an October 30, 2014 RFA form in its denial. The applicant's attorney subsequently appealed. In said October 23, 2014 progress note, the applicant reported ongoing complaints of neck and shoulder pain. The applicant was given diagnosis of reflex sympathetic dystrophy and placed off of work, on total temporary disability. A psychological referral was endorsed. In a handwritten note of the same date, October 23, 2014, the applicant was apparently given a refill of Ultram. The applicant was presenting with complaints of neck and shoulder pain superimposed on issues with anxiety and depression, which the applicant also attributed to the industrial injury. Overall, commentary was sparse. On July 30, 2014, the applicant was again placed off of work, on total temporary disability. The applicant was asked to continue Cymbalta on that occasion, it was suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50 mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids 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, however, the applicant is off of work, on total temporary disability. The attending provider's progress notes were sparse and failed to outline any material improvements in function or quantifiable decrements in pain achieved as a result of ongoing Tramadol usage. Therefore, the request was not medically necessary.