

Case Number:	CM14-0196872		
Date Assigned:	12/04/2014	Date of Injury:	06/17/2013
Decision Date:	03/31/2015	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. 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 58-year-old [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of June 17, 2013. In a Utilization Review Report dated November 7, 2014, the claims administrator denied a request for tramadol. The claims administrator referenced an office visit of August 12, 2014 in its determination. On that date, the applicant was apparently using Relafen and tramadol for pain relief. The applicant was status post ankle surgery, it was incidentally noted. The claims administrator did not document the applicant's work status. The claims administrator seemingly based its denial on Chapter 6 ACOEM Guidelines, which were mislabeled as originating from the MTUS. The applicant's attorney subsequently appealed; however, the applicant's attorney did not seemingly include any medical records along with the application.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL Cap 150mg ER Days Supply: 30, quantity: 30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

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's work status, functional status, and response to earlier treatment were not clearly detailed or documented. No clinical progress notes were attached to the application for Independent Medical Review. Therefore, the request was not medically necessary.