MAXIMUS Federal Services

| Case Number: | CM14-0199144 | | |
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| Date Assigned: | 12/09/2014 | Date of Injury: | 03/28/2014 |
| Decision Date: | 02/11/2015 | UR Denial Date: | 11/07/2014 |
| Priority: | Standard | Application Received: | 11/26/2014 |

## 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] hostess and cashier who has filed a claim for chronic neck pain, upper back pain, lower back pain, and ankle pain reportedly associated with an industrial injury of March 28, 2014.In a Utilization Review Report dated November 7, 2014, the claims administrator failed to approve a request for extended release tramadol. A September 16, 2014 progress note was referenced in the determination.The applicant attorney subsequently appealed.On said September 16, 2014 progress note, the applicant was placed off of work, on total temporary disability, owing to heighted complaints of low back pain, highly variable, 5 to 9/10, moderate-to-severe. Ancillary complaints of neck pain and foot were also evident. The applicant was given refills of diclofenac, Prilosec, and tramadol, without any explicit discussion of medication efficacy. A pain management consultation, a spine surgery consultation, and podiatry consultation were endorsed while the applicant was kept off of work.In an earlier note dated August 13, 2014, the applicant reported moderate-to-severe, 8/10 neck, low back, right knee, and right ankle pain. The applicant was using a cane to move about.Once again, the applicant was kept off of work. An ankle corticosteroid injection was performed while diclofenac, omeprazole, and tramadol were dispensed from the clinic.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Tramadol ER 150mg #60 (DOS: 9/16/14):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69, 74-97. Decision based on Non-MTUS Citation Physician's Desk Reference (PDR) 2011

**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, however, the applicant was/is off of work, despite ongoing Tramadol usage. The applicant was having difficulty performing activities of daily living as basic as standing and walking, despite ongoing usage of Tramadol. The applicant continued to use a cane. The applicant continues to report pain complaints as high as 8/10, despite ongoing Tramadol usage. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.