

Case Number:	CM14-0203702		
Date Assigned:	12/16/2014	Date of Injury:	11/25/2013
Decision Date:	02/10/2015	UR Denial Date:	11/15/2014
Priority:	Standard	Application Received:	12/05/2014

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 November 25, 2013. In a Utilization Review Report dated November 15, 2014, the claims administrator failed to approve request for tramadol extended release while approving a request for gabapentin. The claims administrator referenced a progress note of October 7, 2014, at the bottom of its report. The applicant's attorney subsequently appealed. In a progress note dated November 6, 2014, the applicant reported persistent complaints of low back pain, 4/10. The applicant was performing home exercises, was reportedly able to walk up to 40 minutes continuously. The applicant completed eight recent sessions of manipulative therapy. Eight additional sessions of manipulative therapy were being sought. The applicant was apparently using tramadol 150 mg one-half tablet daily and gabapentin 600 mg half tablet daily. The applicant reportedly failed oral ibuprofen, which has caused GI irritation, it was suggested. Several topical compounded medications and additional manipulative therapy were endorsed, along with a 30-pound lifting limitation. Ultracet, Neurontin, and capsaicin-containing cream were also sought. The applicant has last worked in April 2014, it was acknowledged. The applicant acknowledged in a questionnaire dated October 7, 2014, that he was not working. In a progress note of same date, October 7, 2014, the applicant reported 4 to 5/10 low back pain. The applicant again stated that the tramadol and gabapentin were improving his walking distance by 10 minutes and reducing his pain. He had last worked in April 2014, it was acknowledged. The note was highly templated and very similar in formatting and content to the later November 6, 2014 progress note. The attending provider stated that the applicant was to employ tramadol extended release on an "as-needed" basis for severe pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids, Tramadol Page(s): 80, 94.

Decision rationale: The tramadol extended release, 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 includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was off of work, it was acknowledged. While the attending provider did report some reduction in pain scores with ongoing usage of tramadol and gabapentin, this was, however, outweighed by the attending provider failure to outline any meaningful improvements in function achieved as result of ongoing medication therapy and also outweighed by the applicant's failure to return to work. The attending provider commented to the effect that the applicant's walking tolerance was engaged 10 minutes did not, in and off itself, constituted evidence of a meaningful or substantive improvement achieved as a result of the ongoing tramadol extended release usage. Furthermore, the attending provider also indicated on his October 7, 2014 progress note, referenced above, that he intended for the applicant to use tramadol extended release on an as-needed basis for severe pain. Page 94 of the MTUS Chronic Pain Medical Treatment Guidelines, however, suggest that tramadol extended release, long-acting agent, should be employed on a scheduled basis for 24-hour dosing purposes. The request for tramadol extended release, thus, runs counter to both pages 94 and 80 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.