

Case Number:	CM14-0205430		
Date Assigned:	12/17/2014	Date of Injury:	10/18/2013
Decision Date:	02/12/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/08/2014

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 shoulder pain, low back pain, wrist pain, neck pain, and carpal tunnel syndrome reportedly associated with an industrial injury of October 18, 2013. In a December 1, 2014 Utilization Review Report, the claims administrator failed to approve a request for tramadol extended release. The claims administrator noted that the applicant had undergone several prior epidural steroid injections and was using a variety of medications, including Norco, dietary supplements, naproxen, Robaxin, tramadol, Neurontin, etc. The claims administrator referenced progress notes and RFA forms of November 15, 2014, October 18, 2014, and September 20, 2014 in its determination. The applicant's attorney subsequently appealed. In a May 31, 2014 progress note, the applicant reported persistent complaints of neck and low back pain. The applicant was status post earlier cervical fusion surgery and had residual cervical and lumbar radicular complaints. The applicant had superimposed issues with diabetes, it was further noted. The applicant was asked to continue tramadol, Flexeril, dietary supplements including Sentra and Theramine, naproxen, Prilosec, and a topical compounded ketoprofen containing cream. A rather proscriptive 15-pound lifting limitation was endorsed. It was not clearly stated whether the applicant was or was not working with said limitation in place. On June 28, 2014, the applicant was again given naproxen, ketoprofen containing cream, tramadol, Flexeril, Remeron, and various dietary supplements. The same, unchanged 15-pound limitation was endorsed. The applicant reported 8/10 pain. The applicant had apparently gone to the emergency department for a flare-up pain between visits. Once again, it was not clearly stated whether the applicant was or was not working. On October 18, 2014, the applicant reported 5/10 pain status post an SI joint injection and an epidural steroid injection. The applicant had apparently failed to return to work, the attending provider posited on this occasion. 6/10 pain was noted. Multiple

medications were renewed, including naproxen, ketoprofen containing cream, Flexeril, tramadol, Remeron, Norco, Neurontin, etc. The same, unchanged, 15-pound lifting limitation was endorsed, which the applicant's employer was apparently unable to accommodate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82, 84.

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

Decision rationale: 1. 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, the applicant, by all accounts, does no longer appear to be working. The attending provider failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing opioid therapy, including ongoing tramadol usage. The fact that the applicant continued to report pain complaints as high as 6/10 on October 18, 2014 did not make a compelling case for continuation of tramadol, nor did the attending provider's commentary to the effect that the applicant was unable to return to work. Therefore, the request was not medically necessary.