

Case Number:	CM14-0207548		
Date Assigned:	12/19/2014	Date of Injury:	04/07/2013
Decision Date:	02/28/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/11/2014

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 [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 7, 2013. In a Utilization Review Report dated December 10, 2014, the claims administrator failed to approve a request for tramadol. The claims administrator referenced a progress note of November 24, 2014 in its determination. The applicant's attorney subsequently appealed. In a December 3, 2013 progress note, the applicant reported persistent complaints of mid and low back pain, reportedly exacerbated by activities such as lifting, at times severe. The applicant was obese, with BMI of 32. Work restrictions were endorsed, along with topical Flector. It was not clearly stated whether the applicant was or was not working with said limitations in place. On March 11, 2014, the attending provider stated that the applicant had not improved with earlier physical therapy and manipulative therapy. A referral to a pain management physician was endorsed. In a November 4, 2014 progress note, the applicant reported persistent complaints of low back pain. Tramadol was endorsed. The applicant was apparently in the process of closing his workers compensation claim. The applicant's medication list included tramadol, naproxen, Prilosec, Paxil, and Colace. 5/10 pain was noted. Tramadol was refilled, without any explicit discussion of medication efficacy. The applicant's work status was not clearly outlined. A physical therapy progress note of July 22, 2014 likewise failed to outline the applicant's work status. In a January 23, 2015 progress note, the attending provider noted that the applicant was working, despite ongoing pain complaints and despite ancillary complaints of depression. Paxil was endorsed. The attending provider stated that the applicant was not yet of maximum medical improvement

and could benefit and/or profit from ongoing treatment. The attending provider suggested the applicant's medications were facilitating the applicant's maintaining work, caring for himself, and caring for his family.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50mg #120 DS: 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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, the applicant has apparently returned to and/or maintained regular duty work status, the treating provider has posited, as of a January 2015 progress note, referenced above. Tramadol, per the treating provider, is generating appropriate analgesia and/or associated improvement in terms of performance of activities of daily living. Continuing the same, on balance, was/is indicated. Therefore, the request is medically necessary.