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| Case Number: | CM15-0008608 | | |
| Date Assigned: | 01/26/2015 | Date of Injury: | 10/02/2008 |
| Decision Date: | 03/23/2015 | UR Denial Date: | 01/07/2015 |
| Priority: | Standard | Application Received: | 01/15/2015 |

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 57-year-old [REDACTED] who has filed a claim for chronic pain syndrome and major depressive disorder reportedly associated with an industrial injury of October 2, 2008. In a Utilization Review Report dated January 7, 2015, the claims administrator failed to approve a request for tramadol reportedly dispensed on December 8, 2014. The applicant's attorney subsequently appealed. On December 23, 2014, the applicant reported ongoing complaints of neck, mid back, and low back pain. The applicant was asked to pursue additional physical therapy and chiropractic manipulative therapy. The applicant's work and functional status were not clearly outlined. In an RFA form dated December 8, 2014, tramadol and additional cognitive behavioral therapy were endorsed. In an associated progress note of the same date, December 8, 2014, the applicant's permanent work restrictions were renewed. The note was difficult to follow, handwritten, not entirely legible. Prescriptions for topiramate, Menthoderm, Effexor, and tramadol were apparently endorsed. The applicant stated that her multifocal complaints of low back and shoulder pain were reportedly worsened as compared to the preceding visit. It was not clearly stated whether the request was a first-time request or a renewal request. In an earlier note dated November 10, 2014, the applicant was given prescriptions for diclofenac, topiramate, and venlafaxine owing to ongoing complaints of low back pain and depression. The applicant was concurrently receiving chiropractic manipulative therapy. The applicant's complete medication list was not furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 1 Medication; Tramadol 50mg #60 (dispensed 12/8/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) synthetic opioids analgesic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol topic Page(s): 113.

Decision rationale: No, the request for tramadol, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, tramadol is not recommended as a first-line oral analgesic. Here, the attending provider's documentation on and around the date of service, December 8, 2014 was sparse, handwritten, difficult to follow, and not entirely legible. It was not clearly established why tramadol was prescribed on this date. It was not clearly stated whether the request for tramadol was a first-time request or a renewal request. The attending provider did not, however, establish the failure of first-line medications prior to introduction of tramadol. Indeed, no rationale was furnished so as to augment the request for tramadol. Therefore, the request was not medically necessary.