

Case Number:	CM15-0009166		
Date Assigned:	01/27/2015	Date of Injury:	07/18/2011
Decision Date:	03/18/2015	UR Denial Date:	12/17/2014
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 32-year-old [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 18, 2011. In a Utilization Review Report dated December 17, 2014, the claims administrator failed to approve a request for tramadol. The claims administrator referenced an RFA form of December 9, 2014, a prescription form of December 5, 2014, and a progress note of November 6, 2011 in its determination. A variety of MTUS and non-MTUS Guidelines were invoked in the rationale, including ACOEM Chapter 6, page 115, which was mislabeled as originating from the current MTUS. The applicant's attorney subsequently appealed. In a progress note dated November 6, 2014, the applicant presented with a primary complaint of low back pain. The applicant was on naproxen, Norco, Flexeril, Prilosec, and tramadol, it was acknowledged. Sacroiliac joint injection with therapy was sought. The applicant was placed off of work, on total temporary disability, for six weeks. No discussion of medication efficacy transpired on this date. In a July 31, 2014 progress note, the applicant again reported persistent complaints of low back pain radiating into the right calf, right thigh, and right foot. The applicant was asked to pursue a sacroiliac joint fusion procedure. On July 31, 2014, it was acknowledged that the applicant had had an epidural steroid injection some seven to eight months prior. The applicant was seemingly kept off of work during large portions of 2014. Multiple progress notes contained no discussion of medication efficacy, including a July 2, 2014 progress note at which point the applicant was described as using Norco, Prilosec, naproxen, Flexeril, and tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol tab 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 4749, 115, Chronic Pain Treatment Guidelines Page(s): 78, 80, 93-94.

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

Decision rationale: 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, however, the applicant was/is off of work, on total temporary disability, despite ongoing usage of tramadol. Multiple progress notes, referenced above, throughout 2014, contained no mention or discussion of medication efficacy. The attending provider's progress notes failed to outline any evidence of quantifiable decrements in pain or material improvements in function affected as a result of ongoing tramadol usage. Therefore, the request was not medically necessary.