

Case Number:	CM15-0109608		
Date Assigned:	06/09/2015	Date of Injury:	09/26/2012
Decision Date:	07/22/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/15/2015

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, New York, 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 42-year-old who has filed a claim for chronic neck, shoulder, hand, and wrist pain reportedly associated with an industrial injury of September 26, 2012. In a Utilization Review report dated May 14, 2015, the claims administrator failed to approve a request for Motrin, Robaxin, and Tizanidine. The claims administrator referenced an April 7, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In the IMR application dated May 15, 2015, however, the applicant's attorney apparently chose only to appeal a decision to deny Tramadol. On April 21, 2015, the applicant reported ongoing complaints of low back and hip pain. The applicant had various issues including hip arthritis, myofascial pain complaints, and obesity status post laparoscopic banding. The applicant was on Robaxin, Motrin, and Tramadol, it was reported. The applicant was asked to continue Tramadol, without any seeming discussion on medication efficacy. The applicant was described as unchanged. The applicant's work status was not detailed. On April 16, 2015, it was acknowledged that the applicant was not working and had been off of work since January 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Tramadol, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. The request in question was framed as a renewal or extension request for Tramadol. Page 80 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that 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 off of work, on total temporary disability, it was acknowledged on April 16, 2015. On a subsequent note dated April 21, 2015, the attending provider suggested that the applicant continue Tramadol, without any seeming discussion on medication efficacy. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Tramadol usage. Therefore, the request was not medically necessary.