

Case Number:	CM15-0139312		
Date Assigned:	07/30/2015	Date of Injury:	06/06/2013
Decision Date:	09/25/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/17/2015

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 34-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 16, 2013. In a Utilization Review report dated June 12, 2015, the claims administrator failed to approve a request for Tramadol apparently prescribed and/or dispensed on or around April 28, 2015. On March 30, 2015, the applicant reported ongoing complaints of low back pain status post earlier failed lumbar spine surgery. Physical therapy was sought. The applicant was using Tramadol, Naprosyn, Tylenol, and Motrin, it was reported. No seeming discussion of medication efficacy transpired. On March 9, 2015, the attending provider contended that the applicant was deriving 30% analgesia from medication consumption but acknowledged that increased activity did worsen the applicant's pain complaints. The attending provider stated that the applicant's medications were beneficial in terms of improving activities of daily living but did not elaborate further. The applicant's permanent work restrictions were renewed. On January 26, 2015, the attending provider contended that the applicant was deriving 30% analgesia from ongoing medication consumption. The attending provider contended that the applicant was maintaining full-duty work status, in part, achieved as a result of ongoing medication consumption. The applicant was using Tramadol, Naprosyn, Tylenol, and Motrin, it was reported. On April 28, 2015, the attending provider again reported that the applicant's analgesic medications were reducing his pain scores by 30%. Tramadol and the applicant's permanent work restrictions were renewed. Additional physical therapy was sought. On May 19, 2015, the attending provider reiterated that the applicant was working full-duty work, including 13-hour shifts. The attending provider again stated that the applicant's medications were generating 30% analgesia and facilitating performance of activities of daily living, including work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL ER 150milligrams, capsules #30ms, 1 tablet for pain, #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Yes, the request for Tramadol, a synthetic opioid, was medically necessary, medically appropriate, and 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 had apparently returned to and maintained full-time work status with ongoing medication consumption, the treating provider reported on multiple office visits of early 2015, referenced above. The applicant was deriving 30% analgesia as a result of ongoing medication consumption. The treating provider contended that the applicant's ability to work 13-hour shifts, which included activities such as standing and walking, had all been ameliorated as a result of ongoing medication consumption, including ongoing Tramadol usage. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.