

Case Number:	CM15-0143861		
Date Assigned:	08/04/2015	Date of Injury:	05/24/2014
Decision Date:	09/02/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/24/2015

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 35-year-old who has filed a claim for chronic hand and finger pain reportedly associated with an industrial laceration injury of May 24, 2014. In a Utilization Review report dated July 16, 2015, the claims administrator failed to approve requests for tramadol and a follow-up evaluation. The claims administrator referenced a July 9, 2015 RFA form and an associated progress note of June 17, 2015 in its determination. The applicant's attorney subsequently appealed. On an RFA form dated May 27, 2015, tramadol, a follow-up visit, and an orthopedic evaluation were sought. In an associated progress note of the same date, May 27, 2015, the attending provider, a pain management physician, suggested that the applicant consult an orthopedic surgeon. Tramadol was endorsed. 5/10 hand pain complaints were noted. The applicant was placed off of work, on total temporary disability. It was not clearly stated whether the request for tramadol was a first-time request or a renewal request as the applicant's complete medication list was not detailed. On April 29, 2015, the applicant was given a prescription for tramadol, asked to follow up in four to six weeks, and remain off of work, on total temporary disability. 5/10 pain complaints were, once again, reported. No seeming discussion of medication efficacy transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg, sixty count: 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. 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 off of work, on total temporary disability, it was reported on progress notes of May 27, 2015 and April 29, 2015. 5/10 pain complaints were reported on both of those dates. No seeming discussion of medication efficacy transpired on either office visit. The attending provider failed to outline meaningful or material improvements in function (if any) effected as a result of ongoing tramadol usage. Therefore, the request was not medically necessary.

Follow up evaluation in 4 - 6 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 268.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: Conversely, the proposed follow-up evaluation in four to six weeks was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 79, frequent follow-up visits are "often warranted" even in those applicants whose conditions are not expected to change appreciably from week to week or visit to visit. Here, the applicant was off of work, on total temporary disability. The applicant was using tramadol, an opioid agent. Obtaining a follow-up visit, thus, was indicated on several levels, including for disability management purposes and/or for medication management purposes, at a minimum. Therefore, the request was medically necessary.