

Case Number:	CM15-0145505		
Date Assigned:	08/06/2015	Date of Injury:	12/18/2012
Decision Date:	09/10/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	07/27/2015

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 56-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of December 18, 2012. In a Utilization Review report dated July 24, 2015, the claims administrator failed to approve a request for tramadol while approving a request for Norco. A July 7, 2015 order form was referenced in the determination. The applicant's attorney subsequently appealed. On an RFA form dated July 17, 2015, both Norco and tramadol were prescribed. In an associated progress note dated July 7, 2015, the applicant reported ongoing complaints of low back pain status post earlier lumbar laminectomy-diskectomy surgery on March 11, 2015. The applicant reported 2/10 pain with medications versus 6/10 pain without medications. The applicant was described in another section of the report as having demonstrated minimum improvement with earlier 11-12 sessions of physical therapy. Norco and tramadol were renewed while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, per 7/7/15 order Qty 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, 93, 94, 124.

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 remained off of work, on total temporary disability, as of the date in question, July 7, 2015. While the attending provider did recount some reduction in pain scores effected as a result of ongoing medication consumption on that date, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing tramadol usage. Therefore, the request was not medically necessary.