

Case Number:	CM15-0146028		
Date Assigned:	08/06/2015	Date of Injury:	05/09/2007
Decision Date:	09/10/2015	UR Denial Date:	07/15/2015
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 49-year-old who has filed a claim for chronic hand, wrist, and shoulder pain reportedly associated with an industrial injury of May 9, 2007. In a utilization review report dated July 15, 2015, the claims administrator failed to approve a request for Tramadol. The claims administrator referenced progress notes of July 6, 2015 and June 1, 2015 in its determination. The applicant's attorney subsequently appealed. On June 1, 2015, the applicant reported ongoing complaints of thumb, wrist, and shoulder pain. The applicant posited that her medications were attenuating her pain complaints by 50%. Tramadol and permanent works restrictions were renewed. It was not clearly stated whether the applicant was or was not working at this point, although this did not appear to be the case. On July 6, 2015, the applicant was again given refill of Tramadol. It was again stated that Tramadol was attenuating the applicant's pain scores by 50%. Once again, it was not stated whether the applicant was or was not working with permanent limitations imposed by an Agreed Medical Evaluator (AME) in place, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

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 includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not clearly outlined on progress notes of July 6, 2015 or June 1, 2015. It did not appear, however, the applicant was working following imposition of permanent work restrictions on those dates. While the attending provider did recount a reported reduction in pain scores by 50% reportedly effected as a result of ongoing Tramadol usage, these reports were, however, outweighed by the attending provider's failure to clearly recount the applicant's work status, the applicant's seeming failure to return to work, and the attending provider's failure to identify meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Tramadol usage in progress notes of June and July 2015. Therefore, the request was not medically necessary.