

Case Number:	CM15-0146428		
Date Assigned:	08/07/2015	Date of Injury:	08/22/2000
Decision Date:	09/10/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/28/2015

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 represented 56-year-old who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of August 22, 2006. In a Utilization Review report dated July 22, 2015, the claims administrator failed to approve a request for Tramadol. The claims administrator referenced a June 30, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. In a handwritten note dated March 23, 2015, the applicant reported ongoing complaints of low back pain status post earlier failed lumbar laminectomy surgery. The applicant was asked to continue Celebrex and Norco. The note was very difficult to follow and not altogether legible. The applicant's work status was not furnished. On June 30, 2015, the applicant reported ongoing complaints of low back status post earlier lumbar spine surgery some one year prior. The applicant was on Motrin and Tramadol, it was reported. It was stated that Tramadol had replaced previously prescribed Norco. Tramadol was refilled. The applicant's work status was not furnished. The attending provider stated that the applicant's medications were beneficial, but did not elaborate further.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-pain treatment agreement Page(s): 89.

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 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's work status was not furnished on the June 30, 2015 progress note in question. While the attending provider stated that Tramadol was beneficial, the attending provider failed to outline the applicant's work status, failed to outline quantifiable decrements in pain effected as a result of ongoing Tramadol usage, and failed to outline meaningful and/or material improvements in function (if any) effected as a result of ongoing Tramadol usage. Therefore, the request was not medically necessary.