

Case Number:	CM15-0149252		
Date Assigned:	08/12/2015	Date of Injury:	01/08/2014
Decision Date:	09/14/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/31/2015

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 low back pain (LBP) reportedly associated with an industrial injury of January 8, 2014. In a Utilization Review report dated July 15, 2015, the claims administrator failed to approve a request for Ultram. The claims administrator referenced an RFA form received on July 1, 2015 in its determination. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated June 10, 2015, it was acknowledged that the applicant was off work and had not worked since the date of injury. The applicant reported 7/8 low back pain complaints, despite ongoing usage of tramadol, Norco, Robaxin, and topical diclofenac. The applicant reported difficulty performing activities such as sitting, standing, walking, dressing herself, making a meal, sleeping, etc., despite ongoing medication consumption. A clinical progress note of February 9, 2015 suggested that the applicant was not working owing to ongoing complaints of severe low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue opioids.

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

Decision rationale: No, the request for Ultram (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 work, both the treating provider and the medical-legal evaluator noted in notes of February 9, 2015 and June 10, 2015, respectively. 7/8/10 pain complaints were reported, despite ongoing tramadol usage. Activities such as sitting, standing, and walking remained problematic, the medical-legal evaluator reported on June 10, 2015. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with tramadol (Ultram). Therefore, the request was not medically necessary.