

Case Number:	CM15-0160682		
Date Assigned:	08/27/2015	Date of Injury:	02/03/2014
Decision Date:	10/02/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/17/2015

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 [REDACTED] beneficiary who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of February 3, 2014. In a Utilization Review report dated July 20, 2015, the claims administrator failed to approve a request for extended-release tramadol. A July 2, 2015 date of service and an RFA form received on July 13, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On July 13, 2015, naproxen and Voltaren gel were endorsed. The applicant's complete medication list reportedly included naproxen, Protonix, Ultracet, Colace, tramadol, Remeron, and naproxen. Little-to-no discussion of medication efficacy transpired. On July 23, 2015, the applicant reported ongoing complaints of knee pain with derivative complaints of anxiety and depression. The applicant was attending a functional restoration program, it was reported. The applicant was using a cane to move about. The applicant's medications included Colace, naproxen, Protonix, and Ultracet, it was reported. It was suggested that the applicant was not using long-acting tramadol at this point. On July 2, 2015, the applicant received a refill of tramadol. No seeming discussion of medication efficacy transpired. A completed progress note was not attached. It appeared that the applicant presented solely for the purposes of obtaining a medication refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tramadol Hydrochloride extended release 150mg one tablet per day quantity 30 DOS 7-2-15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 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, not clinical progress notes were seemingly attached to the July 2, 2015 order for tramadol. It did not appear, however, that the applicant was working as of that date. No discussion of medication efficacy transpired in conjunction with the July 2, 2015 order for tramadol. The applicant's work and functional status were not attached. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing tramadol usage. Therefore, the request was not medically necessary.