

Case Number:	CM15-0163286		
Date Assigned:	08/31/2015	Date of Injury:	03/13/2014
Decision Date:	10/06/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/20/2015

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 27-year-old who has filed a claim for chronic elbow and arm pain reportedly associated with an industrial injury of March 13, 2014. In a Utilization Review report dated August 10, 2015, the claims administrator failed to approve a request for Ultram (Tramadol). The claims administrator referenced an August 3, 2015 RFA form and an associated progress note of July 7, 2015 in its determination. The applicant's attorney subsequently appealed. On said July 7, 2015 progress note, the applicant reported ongoing complaints of elbow and shoulder pain, 8/10 without medications versus 4/10 with medications. Ultram and Mobic were continued. The applicant was declared at maximum medical improvement. Permanent work restrictions were imposed. The applicant was placed at maximum medical improvement. It was suggested that the applicant had found a new job with her medications and that her medications were making various activities more tolerable.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiate Page(s): 93-94, 113.

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

Decision rationale: Yes, the request for Ultram, a synthetic opioid, was medically necessary, medically appropriate, and 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, the attending provider's July 7, 2015 progress note suggested that the applicant was working and/or had found a new position in an alternate capacity, despite ongoing elbow and arm pain complaints. The applicant's pain scores were appropriately attenuated from 8/10 without medications to 4/10 with medications. The attending provider contended that the applicant's medications were facilitating performance of activities of daily living, including seemingly at work. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.