

Case Number:	CM15-0163444		
Date Assigned:	08/31/2015	Date of Injury:	01/31/2012
Decision Date:	10/05/2015	UR Denial Date:	08/05/2015
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 49-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 31, 2012. In a Utilization Review report dated May 5, 2013, the claims administrator failed to approve a request for tramadol. The claims administrator referenced a progress note of July 22, 2015 in its determination. The applicant's attorney subsequently appealed. On said July 22, 2015 progress note, the applicant reported ongoing complaints of low back pain, exacerbated by walking, standing, and sitting. The applicant reported 7/10 pain without medications versus 3/10 pain with medications. The applicant's medication list included tramadol, tramadol extended release, Lyrica, Mobic, Prilosec, and topical compounded agents, it was reported. The applicant's pain complaints were interrupting the applicant's sleep and ability to walk. The applicant was asked to continue current medications while remaining off of work, on total temporary disability. The treating provider stated toward the bottom of the note that the applicant's medications were generating appropriate analgesia and improvements in function 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, specific drug list Page(s): 93-94, 78-80, 124.

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 was off of work, on total temporary disability, as of the date of the request, July 22, 2015. While the attending provider did identify some decrements in pain effected as a result of ongoing opioid usage, these reports were, however, outweighed by the applicant's 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. Therefore, the request was not medically necessary.