

Case Number:	CM15-0181481		
Date Assigned:	09/22/2015	Date of Injury:	04/02/2013
Decision Date:	11/03/2015	UR Denial Date:	09/05/2015
Priority:	Standard	Application Received:	09/15/2015

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 low back pain (LBP) reportedly associated with an industrial injury of April 2, 2013. In a Utilization Review report dated September 12, 2015, the claims administrator failed to approve a request for tramadol. The claims administrator referenced an August 26, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On June 25, 2015, a medical-legal evaluator opined that the applicant was incapable of transitioning to his formal work. Permanent work restrictions were imposed. On March 4, 2015, the applicant was placed off of work, on total temporary disability, while Flexeril, Neurontin, Mobic, and Desyrel were renewed and/or continued. Highly variable 6-9/10 low back pain complaints status post earlier failed lumbar laminectomy surgery were reported. On July 22, 2015, Flexeril, Neurontin, Desyrel, tramadol, and tramadol extended release were endorsed. 9-10/10 pain complaints were reported without medications versus 6/10 with medications. The request for tramadol did represent a renewal request for the same, the treating provider acknowledged. The attending provider contended that the applicant's medications were providing somewhat adequate analgesia. The attending provider stated in one section of the note that the applicant's ability to stand, walk, and sit had been reduced secondary to his pain complaints while then noting, in another section of the note, that the applicant's exercise tolerance had improved in unspecified amounts with ongoing medication consumption.

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 Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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, the applicant was off of work, it was acknowledged on multiple office visits and Medical-legal Evaluations referenced above, throughout 2015. While the attending provider did recount a reduction of pain scores from 9-10/10 without medications versus 6-7/10 with medications on July 22, 2015, these reports appeared marginal to negligible and were outweighed by the applicant's seeming failure to return to work and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function effected as a result of ongoing tramadol usage. The attending provider stated on July 22, 2015 that activities of daily living as basic as standing, walking, and sitting remained problematic secondary to the applicant's ongoing pain complaints while the attending provider did state that the applicant's exercise tolerance had improved toward the bottom of the note, this was not quantified and was again, outweighed by the applicant's seeming failure to return to work and the attending provider's reports of difficulty performing various activities of daily living, including those as basic as standing, walking, and sitting. Therefore, the request was not medically necessary.