

<b>Case Number:</b>	CM15-0187678		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	11/28/2000
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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 66-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of November 28, 2010. In a Utilization Review report dated August 25, 2015, the claims administrator failed to approve requests for tramadol and a retrospective specialty evaluation to address issues with alleged memory loss. The claims administrator referenced an August 12, 2015 date of service in its determination. The applicant's attorney subsequently appealed. On August 12, 2015, the claimant apparently underwent a sort of autonomic nervous system testing and cardiorespiratory diagnostic testing, the results of which are not clearly reported. In a report dated June 10, 2015, in one section of the note and later dated August 4, 2014 in another section of the note, tramadol was endorsed. The claimant reported multifocal complaints of upper extremity, mid back, neck, shoulder, and wrist pain. The applicant's work status was not clearly stated. On August 12, 2015, tramadol was prescribed to ameliorate multifocal complaints of neck, bilateral shoulder and bilateral wrist pain. The applicant's work status was not clearly reported, although it did not appear that the applicant was working. A neurology consultation was reportedly pending, the treating provider reported. The applicant did have complaints of upper extremity paresthesias, it was reported. Overall commentary as to the need for the neurology evaluation was sparse. It was not clearly stated what purpose, diagnosis, or symptom the neurology evaluation was intended to address. No seeming discussion of medication efficacy transpired insofar as tramadol was concerned.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 150mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), ODG Treatment - Integrated Treatment/Disability Duration Guidelines Pain (Chronic): Weaning, Opioids (specific guidelines).

**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's work status was not clearly reported on August 12, 2015 office visit at issue, suggesting the applicant was not, in fact, working. 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 is not medically necessary.

**Retrospective specialty evaluation due to memory loss: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

**Decision rationale:** Similarly, the request for a retrospective specialty evaluation was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 5, page 92 does acknowledge that a referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery, here, however, the attending provider's August 12, 2015 office visit was highly templated, thinly and sparsely developed, and did not clearly establish what issue, diagnosis, and/or symptom the neurology evaluation was intended to address. The August 12, 2015 office visit made no mention of the applicant's having issues with memory loss. The August 12, 2015 office visit did not clearly establish why the neurology evaluation had been proposed. The attending provider's progress note made no explicit mention of the applicant's having issues with memory loss on that date. The progress note, as noted previously, was highly templated, contained several historical carryovers and previous visits, and was, moreover, dated August 12, 2015 in one section of the note and August 18, 2014 in another section of the note. Said progress note did not furnish much narrative commentary, which would have supported or substantiated the request at issue. Therefore, the request is not medically necessary.

