MAXIMUS Federal Services

Case Number:	CM15-0193752		
Date Assigned:	10/07/2015	Date of Injury:	01/04/2013
Decision Date:	11/23/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	10/02/2015

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] who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 4, 2013. In a Utilization Review report dated September 2, 2015, the claims administrator failed to approve a request for tramadol. The claims administrator referenced an August 24, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On August 3, 2015, the applicant was placed off of work, on total temporary disability. Ongoing complaints of low back pain radiating to lower extremities was reported. On August 21, 2015, the applicant's pain management physician suggested that the applicant pursue an epidural steroid injection. Norco was endorsed on this date. On an earlier note dated August 24, 2015, the applicant consulted another provider, a "Secondary Treating Physician," who prescribed tramadol, Lidoderm, and Soma. Constant, severe, 8/10 low back pain complaints were noted, aggravated by sitting, standing, walking, driving, and/or negotiating stairs. No seeming discussion of medication efficacy transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg three times a day, #30: Upheld

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

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 78 of the MTUS Chronic Pain Medical Treatment Guidelines, prescriptions for opioids should be issued from a "single practitioner" and a "single pharmacy." Here, however, the applicant received a prescription for tramadol, a synthetic opioid, from one provider on August 24, 2015, and seemingly received prescription for Norco, a short-acting opioid, from another provider on August 21, 2015. It did not appear, thus, that the applicant was receiving all opioids from a single practitioner, as suggested on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant, moreover, seemingly failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy, which 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 not working and remained off of work, on total temporary disability, it was reported on August 3, 2015. Severe, constant 8/10 pain complaints were reported on August 24, 2015. The applicant continued to report difficulty performing activities of daily living as basic as standing, walking, sitting, and/or negotiating stairs, it was stated on that date. 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.