

Case Number:	CM15-0204240		
Date Assigned:	10/21/2015	Date of Injury:	03/12/2012
Decision Date:	12/08/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/19/2015

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 40-year-old who has filed a claim for chronic hand and shoulder pain reportedly associated with an industrial injury of March 4, 2012. In a Utilization Review report dated September 17, 2015, the claims administrator failed to approve a request for tramadol. An August 31, 2015 office visit and an August 13, 2015 order form were referenced in the determination. The applicant's attorney subsequently appealed. On August 13, 2015, the applicant reported ongoing issues with complaints of shoulder, hand, and neck pain. The applicant was placed off of work, on total temporary disability. An MRI imaging of the shoulder was sought. Tramadol was renewed. No seeming discussion of medication efficacy transpired. On an earlier note dated July 1, 2015, the applicant was again placed off work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: 8/13/15 Tramadol 150mg #30: Upheld

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

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 placed off of work, on total temporary disability on office visits of August 13, 2015 and July 1, 2015. No seeming discussion of medication efficacy transpired on said August 31, 2015 office visit. 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.