

Case Number:	CM15-0024099		
Date Assigned:	02/13/2015	Date of Injury:	05/31/2007
Decision Date:	03/31/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/09/2015

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, Ohio, 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 65-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 31, 2007. In a utilization review report dated January 20, 2015, the claims administrator failed to approve a request for tramadol. The claims administrator referenced a report of January 12, 2015 and an RFA form of January 13, 2015 in its determination. The applicant's attorney subsequently appealed. On February 18, 2014, the applicant reported persistent complaints of low back pain. The applicant was using tramadol and Neurontin for pain relief as of that point in time. A rather proscriptive 10-pound lifting limitation was endorsed. The applicant was using tramadol four times daily. It was not clearly stated whether the applicant was or was not working with limitations in place, although this did not appear to be the case. On January 8, 2015, Neurontin and tramadol were again renewed, without any explicit discussion of medication efficacy. Once again, the applicant's work status was not furnished. On September 16, 2014, the applicant noted that tramadol was generating significant drowsiness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 6) When to Discontinue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 979.

Decision rationale: 1.No, the request for Ultram (tramadol) was not medically necessary, medically appropriate, or indicated here.As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, opioids should be appropriately discontinued in applicants with continuing pain with evidence of intolerable adverse effects. Here, the applicant is reporting adverse effects including sedation. The applicant does not appear to have demonstrated any significant benefit through ongoing Ultram (tramadol) usage. The attending provider failed to outline any quantifiable decrements in pain or material improvements in function effected as a result of ongoing tramadol (Ultram) usage in multiple progress notes referenced above. The applicant did not appear to have returned to work. All of the foregoing, taken together, did not make a compelling case for continuation of tramadol (Ultram). Therefore, the request was not medically necessary.