MAXIMUS Federal Services

Case Number:	CM15-0032998		
Date Assigned:	02/26/2015	Date of Injury:	05/08/1979
Decision Date:	04/08/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/23/2015

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 60-year-old [redacted] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of May 8, 1979.In a Utilization Review Report dated February 3, 2015, the claims administrator failed to approve a request for tramadol. The claims administrator referenced a December 2, 2014 progress note and an associated RFA form in its determination. The applicant's attorney subsequently appealed. In a February 3, 2015 progress note, the applicant reported ongoing complaints of neck pain with residual radicular pain complaints. The applicant was using a cervical collar. The applicant was using MS Contin, Soma, Ambien, and Xanax, among others. No changes were made to the applicant's disability status, suggesting that the applicant was not, in fact, working. The attending provider did not attach the applicant's complete medication list on this occasion. On December 2, 2014, the applicant was apparently using Vicodin, Soma, Ambien, and Cymbalta, it was acknowledged, several of which were not working. The applicant had undergone a failed cervical spine surgery, it was stated. Once again, the applicant's work status was not detailed.On November 30, 2014 the applicant's work status was, once again, not detailed. The applicant was using a variety of agents, including Cymbalta, Xanax, Soma, Ambien, Vicodin, and Norco. There was no mention of tramadol's being employed on this date.

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 Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management. 7) When to Continue Opioids Page(s): 78; 80.

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, the lowest possible dose of opioids should be employed to improve pain and function. Here, the attending provider's documentation in addition to failing to articulate the applicant's medication list from visit to visit, did not furnish a clear rationale for provision of so many different opioid agents, including MS Contin, Embeda, Vicodin, Norco, and apparently tramadol. It was further noted that the applicant likewise seemingly failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. The applicant's work status was not documented from visit to visit. The applicant does not appear to have returned to work. The attending provider likewise failed to outline any quantifiable decrements in pain or material improvements in function affected as a result of ongoing opioid usage, including ongoing tramadol usage. Therefore, the request was not medically necessary.