

Case Number:	CM15-0036630		
Date Assigned:	03/05/2015	Date of Injury:	08/19/2008
Decision Date:	04/15/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/26/2015

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 48-year-old [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of August 19, 2008. In a Utilization Review Report dated February 3, 2015, the claims administrator retrospectively denied Ultram (tramadol), apparently prescribed and/or dispensed on or around December 8, 2014. The applicant's attorney subsequently appealed. On January 20, 2015, Ultram was apparently renewed via an RFA form of that date. In an associated progress note dated December 8, 2014, the applicant was placed off work, on total temporary disability owing to persistent complaints of low back pain. The note was sparse, thinly developed, handwritten, contained no mention or discussion of medication efficacy. Similarly, on October 15, 2015, the applicant reported persistent complaints of low back pain radiating into leg. The applicant was asked to continue current medications and continue usage of a cane while remaining off of 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:

Ultram 200 mg Qty 30, 1 tablet every day: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 3 Initial Approaches to Treatment Page(s):

115, 47-48, Chronic Pain Treatment Guidelines Opioids Page(s): 74-95. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Ultram (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/is off of work, on total temporary disability, it was suggested on several handwritten progress notes, referenced above. The applicant continued to report difficulty performing activities of daily living as basic as standing and walking and was apparently using a cane to move about. The attending provider's handwritten progress notes were sparse, thinly developed, difficult to follow, and contained no reference to or mention of medication efficacy. Therefore, the request was not medically necessary.