

Case Number:	CM15-0037883		
Date Assigned:	03/06/2015	Date of Injury:	01/05/2012
Decision Date:	04/16/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/27/2015

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] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of January 5, 2012. In a Utilization Review Report dated February 10, 2015, the claims administrator failed to approve a request for tramadol-acetaminophen. The claims administrator did, however, approve request for diclofenac. The claims administrator did apparently furnish the applicant for a partial approval for tramadol-acetaminophen, apparently for weaning purposes. An October 16, 2014 progress note and RFA form of February 3, 2013 were referenced in the determination. The applicant's attorney subsequently appealed. In a Medical-legal Report dated June 10, 2014, the applicant was given 21% whole-person impairment rating. Permanent work restrictions were renewed. It did not appear that the applicant was working with said permanent limitations in place, although this was not explicitly stated. In a handwritten note dated January 22, 2015, Tylenol, Relafen, and Ultracet were apparently renewed through preprinted checkboxes. No narrative commentary or progress notes were attached. The applicant's work status, functional status, and response to ongoing medication consumption were not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/Apap 37.5/325mg quantity: 50.00 (13-day supply): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 93-94, 113.

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

Decision rationale: No, the request for tramadol-acetaminophen (Ultracet) 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 prescription form/RFA form of January 22, 2015 made no mention of medication efficacy. The applicant's work and functional status were not detailed. The applicant's response to ongoing usage of tramadol-acetaminophen (Ultracet) was not detailed. Therefore, the request was not medically necessary.