

Case Number:	CM15-0044856		
Date Assigned:	03/17/2015	Date of Injury:	09/01/1987
Decision Date:	04/22/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/10/2015

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 56-year-old who has filed a claim for chronic low back, neck, and knee pain reportedly associated with an industrial injury of September 1, 1987. Thus far, the applicant has been treated with the following: Analgesic medications; earlier knee surgery, earlier lumbar spine surgery; viscosupplementation injection; and opioid therapy. In a Utilization Review Report dated February 9, 2015, the claims administrator failed to approve a request for tramadol. A January 23, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On September 29, 2014, the applicant reported ongoing complaints of neck pain. The applicant reported difficulty performing activities including driving. The applicant had previously used Advil, Tylenol, Aleve, and Celebrex; it was noted, without relief. The applicant was using tramadol and Cymbalta at this point. The applicant had commodities including diabetes. The attending provider acknowledged that the applicant had functional limitations despite ongoing usage of tramadol, including performing activities of daily living such as standing, walking, and negotiating stairs. The attending provider stated that usage of tramadol was beneficial in terms of attenuating the applicant's pain complaints, but did not elaborate any tangible improvements in function affected as a result of the same. On January 6, 2015, the applicant reported ongoing complaints of bilateral knee pain. Viscosupplementation and/or steroid injections were proposed. Medication selection/medication efficacy was not discussed on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 80, 76, 78-79.

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, 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's work status was not outlined on several progress notes, referenced above, suggesting that the applicant was not in fact working. Medications selection or medication efficacy was not discussed in detail on a January 6, 2015, progress note. An earlier September 2014 progress note suggested that the applicant was having difficulty performing activities of daily living as basic as standing, walking, and negotiating stairs, despite ongoing tramadol usage. While the attending provider did state that tramadol had attenuated the applicant's pain complaints, these statements were, however, outweighed by the attending provider's failure to outline any meaningful improvement in function affected as a result of ongoing tramadol usage and the fact that the applicant's work status was not detailed on the multiple office visits, referenced above. It is further noted that the February 9, 2015 progress note and/or RFA form, which the claims administrator based its decision upon was not seemingly incorporated into the independent medical review packet. The information, which was provided, furthermore, failed to support or substantiate the request. Therefore, the request was not medically necessary.