

Case Number:	CM15-0044926		
Date Assigned:	03/17/2015	Date of Injury:	03/04/2004
Decision Date:	04/23/2015	UR Denial Date:	02/25/2015
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 72-year-old [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of March 4, 2004. In a utilization review report dated February 20, 2015, the claims administrator failed to approve a request for Ultram (tramadol) while approving a request for Motrin and Prevacid. The claims administrator referenced an RFA form dated February 17, 2015 in its determination. The applicant's attorney subsequently appealed. In said RFA form dated February 17, 2015, Ultram, Motrin, and Prevacid were refilled. In an associated progress note dated February 12, 2015, the applicant stated that his pain complaints were 0/10 when on tramadol. The applicant stated that ongoing use of tramadol had facilitated his ability to do exercises every day, including walking 2 miles a day. The applicant, it was incidentally noted, had alleged multifocal pain complaints secondary to cumulative trauma at work. The applicant was status post shoulder surgery, it was incidentally noted. The applicant's work status was not clearly detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #100 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Tramadol, Opioids for Chronic Pain.

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

Decision rationale: 1. Yes, the request for tramadol, a synthetic opioid, was medically necessary, medically appropriate, and 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, the applicant's work status was not clearly detailed. While it did not appear that the applicant was working any longer, this appeared to be a function of the applicant's age (72) as opposed to a function of the industrial injury. The attending provider did state, moreover, that the applicant was remaining active, exercising by walking up to 2 miles daily and was, furthermore, deriving appropriate analgesia with ongoing tramadol usage. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.