MAXIMUS Federal Services

Case Number:	CM15-0045273		
Date Assigned:	03/17/2015	Date of Injury:	12/11/2012
Decision Date:	04/23/2015	UR Denial Date:	03/04/2015
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 [redacted] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of December 11, 2012. In a Utilization Review Report dated March 4, 2015, the claims administrator failed to approve a request for tramadol. An October 8, 2014 progress note was referenced in the determination. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated February 26, 2015, the applicant reported ongoing complaints of low back pain. The medical-legal evaluator acknowledged that the applicant was not working. Highly variable 4-9/10 neck and low back complaints were noted. The applicant was having difficulty with sitting, standing, walking, and lifting tasks, it was suggested. The medical-legal evaluator suggested that the applicant remain off of work, on total temporary disability. No discussion of medication efficacy transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol hydrochloride (HCL) 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Treatment Utilization Schedule (MTUS), Web Edition.

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 was off work, on total temporary disability, as of medical-legal evaluation dated February 26, 2015. The applicant had not worked in approximately two to three years, the medical-legal evaluator acknowledged. The applicant continued to report difficulty performing activities of daily living as basic as sitting, standing, walking, and lifting, it was reported on that date. All of the foregoing, taken together, did not make a compelling case for continuation of tramadol. Therefore, the request was not medically necessary.