

Case Number:	CM15-0052773		
Date Assigned:	03/26/2015	Date of Injury:	11/09/2007
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/20/2015

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 hand, wrist, finger, and upper extremity pain reportedly associated with an industrial injury of November 9, 2007. In a Utilization Review report dated February 27, 2015, the claims administrator failed to approve a request for Tramadol. The claims administrator apparently issued a partial approval for weaning or tapering purpose. A January 27, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On December 30, 2014, the applicant was given prescriptions for Neurontin and Tramadol. Little-to-no discussion of medication efficacy transpired. Permanent work restrictions imposed by a medical-legal evaluator were endorsed. It did not appear that the applicant was working with said limitations in place. A Medical-Legal Evaluation of October 30, 2011 suggested that the applicant was using a variety of other agents, including Norco, Pamelor, Cymbalta, Klonopin, and Lyrica. A December 8, 2014 progress note was notable for comments that the applicant had a variety of medical and mental health issues, including depression, anxiety, nightmares, and chronic pain issues attributed to complex regional pain syndrome (CRPS). 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:

Ultram ER (Tramadol) 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

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

Decision rationale: 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, it was acknowledged at multiple clinical progress notes and medical-legal evaluations, referenced above. The applicant continued to report various depressive and/or chronic pain symptoms with attendant difficulty performing activities of daily living as basic as gripping, grasping, and lifting. The attending provider renewed Ultram on various occasions, including on September 30, 2014, without any explicit discussion of medication efficacy. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.