

Case Number:	CM15-0085342		
Date Assigned:	05/08/2015	Date of Injury:	04/30/2013
Decision Date:	06/12/2015	UR Denial Date:	04/04/2015
Priority:	Standard	Application Received:	05/05/2015

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] beneficiary who has filed a claim for chronic knee, ankle, and low back pain reportedly associated with an industrial injury of April 30, 2013. In a Utilization Review report dated April 4, 2015, the claims administrator failed to approve a request for tramadol. A RFA form received on March 19, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On March 13, 2015, the applicant reported highly variable 5-8/10 low back, knee, and ankle pain complaints. The applicant was using tramadol and Valium for pain relief. The applicant was placed off of work, on total temporary disability. The applicant was apparently asked to continue Valium and/or tramadol. Physical therapy was pending, it was reported. No discussion of medication efficacy transpired. Standing and walking remained problematic, the treating provider noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 of work, on total temporary disability, it was reported on March 13, 2015. The applicant continued to report pain complaints as high as 5-8/10, despite ongoing medication consumption, including ongoing tramadol usage. Activities of daily living as basic as standing and walking remained problematic, the treating provider acknowledged. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with tramadol. Therefore, the request was not medically necessary.