

Case Number:	CM14-0115390		
Date Assigned:	08/04/2014	Date of Injury:	07/06/2012
Decision Date:	10/15/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/23/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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] employee who has filed a claim for chronic low back and leg pain reportedly associated with an industrial injury of July 6, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; opioid therapy; and extensive periods of time off of work. In a Utilization Review Report dated June 26, 2014, the claims administrator denied a request for Tramadol. The applicant's attorney subsequently appealed. In a January 24, 2014 consultation report, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of low back pain. The applicant was obese, it was stated, with a BMI of 30. The applicant was reportedly not taking any medications; it was stated at that point in time. In a June 19, 2014 progress note, the applicant was given a refill of Tramadol. Persistent complaints of low back pain with associated left lower extremity weakness were noted. The applicant was placed off of work, on total temporary disability. There was no explicit discussion of medication efficacy on this date. In an earlier note dated May 22, 2014, the applicant again reported persistent complaints of low back pain radiating into left leg. The applicant was asked to continue taking Naproxen, Tramadol, and Protonix. The applicant was again placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Criteria Opioids Weaning of Medications Page(s): 78-80, 9.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. 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. In this case, however, the applicant is off of work, on total temporary disability. The applicant's pain complaints appear heightened from visit to visit, as opposed to reduced from visit to visit, despite ongoing usage of tramadol. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of tramadol usage. All of the above, taken together, do not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.