

Case Number:	CM14-0210980		
Date Assigned:	12/24/2014	Date of Injury:	06/21/2002
Decision Date:	02/28/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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, Ohio, 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] employee who has filed a claim for chronic neck, shoulder, and upper back pain reportedly associated with cumulative trauma at work first claimed on June 21, 2002. In a Utilization Review Report dated November 20, 2014, the claims administrator partially approved a request for tramadol, reportedly on the grounds that urine drug testing results have not been furnished in conjunction with the request. The applicant's attorney subsequently appealed. In October 2014, the applicant reported heightened complaints of neck and back pain. The attending provider stated that the medications were helpful, but did not elaborate further. The applicant was placed off of work, on total temporary disability. The applicant was apparently given a refill of BuTrans. The applicant's complete medication list was not provided. In a progress note dated November 5, 2014 progress note, the applicant apparently presented to the emergency department reporting a flare in pain. The applicant was given shots of intramuscular Valium and Morphine. The applicant was also given prescriptions for tramadol and baclofen. In an earlier note dated May 12, 2014, the applicant again reported a flare in low back and neck pain. The attending provider noted that the applicant has failed three prior cervical spine surgeries and again stated that the applicant's medications were beneficial, but did not once again, elaborate further. The applicant was, once 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 HCL 100mg ER #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids, Prescription Opioid Abuse in Chronic Pain Patient Page(s): 80, 85.

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, the applicant was/is off of work, on total temporary disability, despite ongoing usage of tramadol. While the attending provider stated that the ongoing medication consumption has proven beneficial, this has not been elaborated or expounded upon. The attending provider did not outline any quantifiable decrements in pain and/or material improvements in function achieved as a result of ongoing medication consumption, including ongoing tramadol consumption. It was further noted that page 85 of the MTUS Chronic Pain Medical Treatment Guidelines notes that applicant obtaining supplemental sources of opioids via an emergency department should be considered as heightened risk for prescription opioid abuse. Here, the applicant did in fact present to the emergency department requesting both an early refill of opioids and an injection of intramuscular Morphine on November 15, 2014. All of the foregoing, taken together, thus, suggests that discontinuing tramadol, an opioid agent, may be a more appropriate option than continuing the same. Therefore, the request was not medically necessary.