

Case Number:	CM14-0212450		
Date Assigned:	01/02/2015	Date of Injury:	08/24/1999
Decision Date:	02/28/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/18/2014

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 pain syndrome reportedly associated with an industrial injury of August 24, 1999. In a Utilization Review Report dated December 1, 2014, the claims administrator partially approved a request for morphine and denied a request for tramadol. A progress note of November 14, 2014 and associated RFA form of November 19, 2014 were referenced. Colace, it is incidentally noted, was approved. The applicant's attorney subsequently appealed. On December 12, 2014, the applicant reported persistent complaints of low back pain radiating to the left leg, 8-9/10. The applicant had reportedly quit smoking. The applicant was reportedly pending arrival of a topical compounded cream. The applicant's medication list included Lidoderm, tramadol, morphine, Lyrica, MiraLax, Colace, Synthroid, Depo-Provera, Inderal, BuSpar, Valium, and Xanax. The applicant's BMI was 24. The applicant had not had any lumbar spine surgery. The applicant had issues with ulnar neuropathy, complex regional pain syndrome, and lumbar radiculopathy status post spinal cord stimulator implantation. The applicant also had issues with depression, it was incidentally noted. The applicant was issued several medication refills. Permanent work restrictions were likewise renewed. The attending provider did not clearly state whether the applicant was or was not working with said permanent limitations in place, although this did not appear to be the case. On November 14, 2014, a topical compounded medication was endorsed. In an associated progress note of the same date, November 14, 2014, the applicant reported heightened pain complaints, 7-9/10. The applicant stated that tramadol was not alleviating her breakthrough pain. Multiple medications and permanent work restrictions were renewed, including morphine, tramadol, and Colace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

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. Here, the applicant was/is seemingly off of work. The attending provider did not document the applicant work status on progress notes of November and December 2014, referenced above, noting only that permanent work restrictions were renewed. It did not appear that the applicant was working with said limitations in place. Similarly, the applicant continuous complaints of pain in the 7-9/10 range likewise did not make a compelling case for continuation of tramadol, nor did the attending provider reports of heightened pain complaints evident on the November 14, 2014 office visit on which tramadol was renewed. The attending provider likewise failed to outline any meaningful or material improvements in function achieved as a result of ongoing opioid therapy. The applicant commentary to the effect that she is having difficulty performing activities of daily living as basic as lying down, standing, and walking likewise did not make a compelling case for continuation of tramadol. Therefore, the request was not medically necessary.

MS contin 30mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

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. Here, the applicant does not appear to have returned to work following the imposition of permanent work restrictions. The applicant reported heightened pain complaints in the 7-9/10 range on November 14, 2014. On that date, the applicant also reported difficulty performing activities of daily living as basic as lying down, standing, walking, etc. All of the foregoing, taken together,

did not make a compelling case for continuation of opioid therapy, including continuation of morphine therapy. Therefore, the request was not medically necessary.