

Case Number:	CM14-0214695		
Date Assigned:	01/07/2015	Date of Injury:	12/16/2010
Decision Date:	03/03/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/22/2014

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, mid back, and low back pain reportedly associated with an industrial injury of December 16, 2010. In a Utilization Review Report dated December 8, 2014, the claims administrator failed to approve a request for tramadol, referencing progress notes dated October 2, 2014 and November 3, 2014 in its determination. The applicant's attorney subsequently appealed. In a July 11, 2014 progress note, the applicant reported persistent complaints of neck and low back pain, 6/10. The applicant had reportedly completed a chronic pain program of some kind. The applicant was depressed. The applicant's work status and medication list were not clearly detailed. The attending provider suggested that the applicant employ distraction techniques for his chronic pain issues. In a handwritten note dated December 5, 2014, the applicant continued to report ongoing complaints of neck, low back, and shoulder pain, sharp. Large portions of the progress note were difficult to follow, handwritten, not entirely legible. The applicant's work status was not clearly detailed. In another note dated November 20, 2014, the applicant reported severe low back pain. The applicant was asked to employ heating pad and perform home exercises. Remeron and mirtazapine were seemingly renewed. The applicant's complete medication list was not detailed. Permanent work restrictions were also renewed. No discussion of medication efficacy transpired on this date. In a handwritten note dated November 6, 2014, the applicant presented with 8/10 low back pain. The applicant was asked to continue cyclobenzaprine and tramadol while obtaining cognitive behavioral therapy. Trigger point injections were considered. Permanent work restrictions were renewed. It was not clearly stated

whether the applicant was or was not working with said permanent limitations in place, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150 MG BID #60 (MED 60): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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, the applicant's work and functional status were not clearly outlined. It did not appear that the applicant was working with previously imposed permanent limitations. The attending provider failed to outline any quantifiable decrements in pain and/or material improvements in function achieved as a result of ongoing opioid therapy. Therefore, the request is not medically necessary.