MAXIMUS Federal Services

Case Number:	CM14-0217543		
Date Assigned:	01/07/2015	Date of Injury:	04/11/2005
Decision Date:	03/31/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/29/2014

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] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of April 11, 2005. In a Utilization Review Report dated December 5, 2014, the claims administrator failed to approve a request for tramadol. The claims administrator referenced an October 27, 2014 progress note in its determination. The claims administrator contended that the applicant had not profited from ongoing tramadol usage. The applicant's attorney subsequently appealed. In a handwritten note dated June 3, 2014, the applicant reported persistent complaints of low back pain radiating to the left leg. The applicant was using Ultram and Hyzaar as of that point in time. The applicant was placed off of work through August 22, 2014. In an October 27, 2014 progress note, the applicant was described as using tramadol for pain relief. The applicant had apparently developed a recent DVT, it was incidentally noted. The attending provider stated that he was planning to discontinue tramadol in favor of Norco on the grounds that previous usage of tramadol had proven ineffective. Somewhat incongruously, the attending provider seemingly went on to request tramadol via an RFA form of the same date, October 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL CAP 150mg ER #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), and Opioids (CURES), and Pain Treatment Agreeme.

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/is off of work, despite ongoing tramadol usage. The attending provider's progress notes failed to outline any quantifiable decrements in pain or material improvements in function effected as a result of ongoing tramadol usage (if any). Rather, the attending provider seemingly suggested that the applicant was not, in fact, profiting from ongoing tramadol usage. Therefore, the request was not medically necessary.