

Case Number:	CM15-0174210		
Date Assigned:	09/16/2015	Date of Injury:	02/14/2014
Decision Date:	10/23/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/03/2015

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, New York, 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 38-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 14, 2014. In a utilization review report dated August 27, 2015, the claims administrator failed to approve a request for tramadol. The claims administrator referenced an August 7, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On February 6, 2015, the applicant reported ongoing complaints of low back, upper back, and shoulder pain. The applicant had been terminated by his former employer, it was reported. Tramadol was endorsed on this date. The applicant was given a rather proscriptive 20-pound lifting limitation, it was acknowledged in the bottom of the note, although it was acknowledged that the applicant was not working with the same in place. On August 7, 2015, the applicant reported ongoing complaints of low back pain radiating to the left leg, 5/10. The applicant reported a poor quality of sleep. The attending provider stated that the applicant's symptoms were somewhat relieved by medication consumption. The applicant received acupuncture and physical therapy, it was acknowledged. The applicant's pain complaints were interfering with sleep, work, concentrating, and performance of household chores, mood, and socializing with friends. The applicant was on Naprosyn, tramadol, and Prilosec, it was acknowledged. The applicant had received an epidural steroid injection, physical therapy, and acupuncture, it was reported. The applicant was not working, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 100mg, 1 tab at bedtime, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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 remained off of work, it was acknowledged on August 7, 2015, this despite having used tramadol for a minimum of several months prior to this point. The applicant was having difficulty performing activities of daily living as basic as sleeping, working, concentrating, performance of household chores, and socializing with friends it was reported on that date. All of the foregoing, taken together, strongly suggested the applicant had in fact failed to profit from ongoing tramadol usage in terms of parameters set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines and, moreover, outweighed any subjective reports of analgesia affected as a result of the same. Therefore, the request was not medically necessary.