

Case Number:	CM15-0179691		
Date Assigned:	09/21/2015	Date of Injury:	01/09/2014
Decision Date:	11/02/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/11/2015

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 61-year-old who has filed a claim for groin pain reportedly associated with an industrial injury of January 9, 2014. In a Utilization Review report dated August 13, 2015, the claims administrator failed to approve a request for tramadol. An August 3, 2015 office visit was referenced in the determination. On an RFA form dated August 9, 2015, tramadol was sought. In an associated handwritten progress note dated August 3, 2015, the applicant's family reported complaints of groin and/or abdominal pain. A general surgery consultation was sought. Tramadol was seemingly endorsed, without any seeming discussion of medication efficacy. The note was very difficult to follow and not altogether legible. The applicant was off of work, on total temporary disability, for 45 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg, sixty count with one refill: 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, is 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 off of work, on total temporary disability, it was reported on the August 3, 2015 office visit at issue. The said August 3, 2015 office visit failed to incorporate any discussion of medication efficacy. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing tramadol usage. Therefore, the request is not medically necessary.