

Case Number:	CM15-0046442		
Date Assigned:	03/18/2015	Date of Injury:	10/29/2003
Decision Date:	04/23/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/11/2015

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 58-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 29, 2003. In a Utilization Review Report dated February 17, 2015, the claims administrator failed to approve requests for tramadol and tramadol extended release. The applicant's attorney subsequently appealed. In a March 12, 2015 progress note, handwritten, difficult to follow, not entirely legible, the applicant reported 8-9/10 pain without medications. 4/10 pain with medications was reported. Drug testing was reportedly consistent with prescribed medications. In another section of the note, the attending provider stated that the applicant reported heightened pain, while yet another section of the note stated that the applicant was trying to walk up to an hour a day with medications. Both tramadol and tramadol extended release were renewed. The applicant's work status was not clearly outlined. In an earlier progress note, handwritten, difficult to follow, not entirely legible, not clearly dated, the attending provider stated that the applicant was using a walker to move about. 7-1/2 over 10 pain was reported without medications. The applicant was given refills of Ultram, tramadol, and Lidoderm patches. Once again, the applicant's work status was not clearly outlined. In a progress note dated May 7, 2014, difficult to follow, not entirely legible, the attending provider stated that the applicant was able to tolerate his work duties and was still doing well with tramadol and extended release tramadol. The attending provider again maintained that the applicant's ambulatory capacities were ameliorated as a result of ongoing tramadol consumption.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, #150: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 93-94, 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: 1. Yes, the request for tramadol, a synthetic opioid, was 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, the attending provider has maintained that the applicant's pain scores have been diminished by approximately 50% following usage of tramadol. The attending provider's documentation, while at times sparse, handwritten, difficult to follow, does seemingly suggest that the applicant has returned to and/or maintained full-time work status following introduction of tramadol and has also suggested that the applicant's ambulatory capacity has significantly increased following introduction of the same. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

Tramadol 300mg ER, #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 93-94, 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: 2. Similarly, the request for tramadol extended release, a synthetic opioid, was likewise medically necessary, medically appropriate, and 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, the applicant has returned to and/or maintained full-time work status following introduction of tramadol extended release, the treating provider has posited. The treating provider has also posited that the applicant's pain scores have been diminished by 50% following introduction of extended release tramadol in several of his handwritten progress notes. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.