

Case Number:	CM15-0075265		
Date Assigned:	04/27/2015	Date of Injury:	01/20/2001
Decision Date:	05/22/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/20/2015

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 [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 20, 2001. In a Utilization Review report dated April 8, 2015, the claims administrator failed to approve a request for Tramadol. The claims administrator referenced a progress note dated March 18, 2015 in its determination. In a progress note dated September 25, 2014, the applicant reported multifocal complaints of shoulder, elbow, wrist, hand, low back, knee, ankle, and foot pain, 7-8/10. The applicant was on Restoril, glyburide, Zocor, Diovan, Tramadol, Naprosyn, and Norco, it was acknowledged. The applicant's work status was not furnished. In an April 8, 2015 progress note, the applicant reported ongoing complaints of foot and ankle pain. The applicant was diabetic, it was acknowledged. Medication selection and/or medication efficacy were not detailed or discussed on this occasion. In a pain management note dated March 30, 2015, the applicant reported ongoing complaints of constant low back, left hand, and foot pain, 8-9/10 with medications and 10/10 without medications. The attending provider stated that the applicant was recently worsened. The attending provider then stated, somewhat incongruously, that the applicant's medication had proven beneficial. Neurontin and Tramadol were renewed. It was acknowledged that the applicant was receiving Norco elsewhere.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management; 7) When to Continue Opioids Page(s): 78; 80.

Decision rationale: No, the request for Tramadol, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants should obtain opioid prescriptions from a single practitioner. Here, however, the applicant was apparently receiving Norco from one prescriber and Tramadol from another. Page 78 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that that lowest possible dose of opioids should be employed to improve pain and function. Here, however, the attending provider did not set forth a clear or compelling role for concurrent usage of two separate short-acting opioids, Norco and Tramadol. It is further noted that the applicant had failed to meet criteria for continuation of opioid therapy set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, which includes 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 work, it was suggested above. While a progress note of March 18, 2015 suggested that the applicant's pain scores were reduced from 10/10 without medications to 8-9/10 with medications, this appears to be of marginal to negligible benefit, one which is outweighed by the applicant's seeming failure to work and the applicant's continued difficulty performing activities of daily living as basic as pushing, pulling, kneeling, squatting, standing, and walking. Therefore, the request was not medically necessary.