

Case Number:	CM15-0092191		
Date Assigned:	05/19/2015	Date of Injury:	08/29/2002
Decision Date:	06/22/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/13/2015

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 56-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 29, 2002. In a Utilization Review report dated April 9, 2015, the claims administrator partially approved a request for Ultram (tramadol), apparently for weaning or tapering purposes. The claims administrator referenced an RFA form received on April 2, 2015 in its determination, along with a progress note dated January 30, 2015. The applicant's attorney subsequently appealed. On April 17, 2015, the applicant reported ongoing complaints of low back pain, 7/10 without medications. The applicant was working full duty, it was acknowledged. The applicant stated that her ability to stand, walk, and work as a teacher's aide had all been ameliorated as a result of ongoing medication consumption. 5/10 pain with medications versus 7/10 pain or higher without medications was reported. Lyrica was ameliorating the applicant's paresthesias and ability to walk, the treating provider reiterated. Regular-duty work, Lyrica, and tramadol were renewed and/or continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Tablets of Ultram 50 mg with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Yes, the request for Ultram (tramadol), a synthetic opioid, was 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 because of the same. Here, the applicant had returned to and maintained full-time, regular duty work status as a teacher's aide; it was suggested on a progress note of April 17, 2015, referenced above. Ongoing usage of Ultram, coupled with Lyrica, had effectively attenuated the applicant's pain complaints, ameliorated the applicant's gait, and ameliorated the applicant's ability to stand and walk, the treating provider reported. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.