

Case Number:	CM15-0092732		
Date Assigned:	05/19/2015	Date of Injury:	06/13/2011
Decision Date:	06/25/2015	UR Denial Date:	05/05/2015
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 59-year-old who has filed a claim for chronic neck pain with derivative complaints of depression and anxiety reportedly associated with an industrial motor vehicle accident of June 13, 2011. In a Utilization Review report dated May 12, 2015, the claims administrator partially approved a request for tramadol, apparently for weaning or tapering purposes. An RFA form dated April 28, 2015 and associated progress note of April 24, 2015 were referenced in the determination. In a January 16, 2015 Medical-legal Evaluation, it was acknowledged that the applicant was, in fact, working despite ongoing neck pain complaints. The applicant did state that issues with his employer were contentious. The medical-legal evaluator stated that the applicant's pain complaints had been effectively attenuated with medication consumption sufficient to allow the applicant to return to part-time work at a three-quarter work status as a research interviewer. The applicant was using tramadol, naproxen, Prilosec, Effexor, and Ambien, it was suggested. In an April 24, 2015 progress note, it was again stated that the applicant was on modified duty work and tolerating the same appropriately with a 10-pound lifting limitation in place. Ongoing complaints of neck pain radiating to left arm were reported, 8/10 without medications versus 3/10 with medications. The applicant's pain complaints were interfering with certain types of function, it was suggested, including socializing and recreational activities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, weaning of medications.

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

Decision rationale: Yes, the request for 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 as a result of the same. Here, the applicant has apparently returned to and maintained part-time work status, the applicant's treating provider and/or medical-legal evaluator contended. Ongoing medication consumption had reduced the applicant's pain complaints from 8/10 without medications to 3/10 with medications and is apparently facilitating the applicant's ability to stand, walk, work, and perform other activities of daily living, both the applicant's primary treating provider (PTP) and medical-legal evaluator established above. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.