

Case Number:	CM15-0093922		
Date Assigned:	05/20/2015	Date of Injury:	04/19/1999
Decision Date:	06/26/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/15/2015

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 chronic low back pain (LBP) reportedly associated with an industrial injury of April 19, 1999. In a Utilization Review report dated April 18, 2015, the claims administrator failed to approve a request for tramadol (Ultram). A progress note of March 20, 2015 and an associated RFA form of April 9, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. In a handwritten note dated March 20, 2015, difficult to follow, not entirely legible, the applicant reported ongoing, unchanged complaints of low back pain radiating into legs. It was suggested (but not clearly stated) that the applicant was working, albeit through pre-printed checkboxes. Trigger point injections were performed in the clinic. The applicant was asked to continue Norco, tramadol, Ambien, Motrin, and Zantac. The note was extremely difficult to follow and not entirely legible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #90: Upheld

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

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 Ultram (tramadol), a short-acting opioid, is not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. Here, however, the attending provider did not clearly state why he was furnishing the applicant with two separate short-acting opioids, Ultram (tramadol), and Norco. Page 80 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that 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. While the attending provider's handwritten progress note of March 27, 2015 suggested (but did not clearly state) the applicant was, in fact, working, as the attending provider failed to outline quantifiable decrements in pain or meaningful commentary or improvements in function effected as a result of ongoing Ultram usage (if any). The information on file, in short, was too thinly and sparsely developed to support continuation of Ultram (tramadol), particularly when employed in conjunction with Norco. Therefore, the request is not medically necessary.