

Case Number:	CM15-0094304		
Date Assigned:	05/20/2015	Date of Injury:	06/12/2011
Decision Date:	06/25/2015	UR Denial Date:	05/07/2015
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 68-year-old who has filed a claim for chronic neck, back, and shoulder pain reportedly associated with an industrial injury of June 12, 2011. In a Utilization Review report dated May 7, 2015, the claims administrator failed to approve a request for tramadol. An April 7, 2015 RFA form and an associated progress note of March 13, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On November 7, 2014, Flexeril, tramadol, and acupuncture were endorsed for ongoing complaints of low back and left shoulder pain with derivative complaints of headaches. The attending provider stated that the applicant's medications ameliorated the applicant's ability to perform activities of self-care and personal hygiene, including bathing, grooming, and cooking. A rather proscriptive 20-pound lifting limitation was endorsed. It was not clearly stated whether the applicant was or was not working with said limitation in place. On March 13, 2015, the applicant again reported multifocal complaints of knee, mid back, and shoulder pain complaints. The attending provider stated that tramadol was attenuating the applicant's pain scores by approximately 5 points. Tramadol, acupuncture, physical therapy, lumbar MRI imaging, Flexeril, Voltaren gel, and Naprosyn were endorsed. The applicant's 20-pound lifting limitation was renewed. It did not appear that the applicant was working with said limitation in place, although this was not explicitly stated. The attending provider stated that he was appealing a previously denied cane. The attending provider again stated that the applicant's ability to shop for groceries, groom himself, and cook had been ameliorated as a result of medication consumption.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg, #60 (Dispensed 03/13/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 76.

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

Decision rationale: No, the request for tramadol, a synthetic opioid, was not 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, however, the applicant's work status was not explicitly detailed. While the attending provider did recount some reported reduction in pain scores effected as a result of ongoing medication consumption, these reports were, however, outweighed by the applicant's seeming failure to return to work and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing tramadol usage. The attending provider's commentary to the fact that the applicant's ability to groom himself, bathe himself, and/or cook as a result of ongoing medication consumption did not, in and of itself, constitute evidence of a meaningful, material, and/or substantive improvement in function effected as a result of ongoing tramadol usage. Therefore, the request was not medically necessary.