

Case Number:	CM14-0143636		
Date Assigned:	09/12/2014	Date of Injury:	05/15/2012
Decision Date:	10/15/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 15, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants; unspecified amounts of physical therapy; a lumbar support; and work restrictions. In a Utilization Review Report dated August 23, 2014, the claims administrator partially certified a request for tramadol, reportedly for weaning purposes. In an August 29, 2014 progress note, the applicant reported persistent complaints of low back pain. The attending provider posited that the applicant's ability to continue working as a preschool teacher was contingent on her ability to receive pain medications. The attending provider stated that ongoing medication consumption was diminishing the applicant's pain complaints by 40% to 50%. The applicant was placed off of work for one day and then returned to work with restrictions the following day. Tramadol was reportedly endorsed. In a progress note dated August 22, 2014, it was again stated that the applicant was tolerating work as a preschool teacher, with restrictions and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg @120: Overturned

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 When to Continue Opioids topic. Page(s): 80.

Decision rationale: 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 reduced pain achieved as a result of the same. In this case, the applicant has reportedly returned to work as a preschool teacher and is tolerating the same, the attending provider has posited. Ongoing medication consumption, the attending provider has stated, is facilitating the applicant's ability to maintain successful return to work status, it was stated on several occasions. Tramadol is generating appropriate reduction in pain scores by 40% to 50%, it was stated on one occasion. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.