

Case Number:	CM13-0016185		
Date Assigned:	11/06/2013	Date of Injury:	07/03/2007
Decision Date:	02/06/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 physician 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.

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 claimant is a 50-year-old male presenting with low back pain following a work-related injury on July 3, 2007. The claimant is status post lumbar spine surgery. The claimant was diagnosed with postlaminectomy syndrome lumbar, lumbar stenosis, and lumbar radiculopathy. The claimant reports worsening low back pain and leg pain. The pain is associated with numbness, cramping and weakness. The claimant reports that his pain without medication is rated a 10 out of 10 and with medication a 7 out of 10. The physical exam was significant for tenderness to palpation of the lumbar spine, abnormal at L5-S1, positive straight leg raise bilaterally more in the left and radiating pain to his feet at approximately 40° on the left and 50° on the right, positive Lasegues bilaterally, sciatic notch tenderness bilaterally, sitting straight leg raise positive bilaterally, abnormal toe walk on the left with antalgic gait and weakness, decreased strength in bilateral tibialis anterior, extensor hallucis longus, plantar flexors and dorsiflexors, decreased sensation in the right L5 and S1 and left L4-5 and S1, decreased sensation on right L5-S1 and decreased sensation on left L4-5. MRI of the lumbar spine from September 7, 2007 indicated L3-4 6 mm bulge resulting in moderate central canal stenosis and mild to moderate bilateral neuroforaminal stenosis; L4-5 6 mm bulge with osteophytic ridging resulting in moderate to significant central canal stenosis and mild bilateral neuroforaminal stenosis; L5-S1 4-5 mm disc bulge and osteophytic ridging resulting in mild central canal stenosis, mild right-sided and significant left-sided neuroforaminal stenosis. Lumbar MRI from April 18, 2008 was significant for large herniated nucleus pulposus at L3-4; diffuse bulge with more central center to right annular tear L4-5 resulting in significant stenosis diffuse disc bulge with material protrusion eccentrically into the left lateral recess L5-S1. MRI of the lumbar spine on March 11, 2009 was

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, May 2009..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 79-83.

Decision rationale: Tramadol HCL150mg # 60 is not medically necessary. Tramadol is a centrally- acting opioid. Per MTUS page 83, opioids for osteoarthritis is recommended for short-term use after failure of first line non-pharmacologic and medication option including Acetaminophen and NSAIDS. Additionally, Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the claimant continued to report pain. Given Tramadol is a synthetic opioid, it's use in this case is not medically necessary. The claimant has long-term use with this medication and there was a lack of improved function or return to work with this opioid and all other medications.

MRI Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: MRI of the lumbar spine is not medically necessary. The ODG states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however further physiologic evidence of nerve dysfunction should be obtained before entering an imaging study. Indiscriminate imaging will result in false positive findings, suggests disc bulge, but are not the source of painful symptoms would not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the need for an imaging test to the find a potential cause (magnetic resonance imaging for neural or soft tissue, computed tomography for bony structures). The claimant previously had several MRIs with findings that were not consistent with his pain. His current complaints are not indicative of a isolating nerve pathology. Further imaging would be indiscriminate and therefore it is not medically necessary.

