

Case Number:	CM13-0031985		
Date Assigned:	12/04/2013	Date of Injury:	07/13/2012
Decision Date:	03/26/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/04/2013

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 Anesthesia, has a subspecialty in Acupuncture & Pain 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 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. 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:

A 62 year old male injured worker with date of injury 7/13/12 with related low back pain radiating down both legs with numbness. MRI dated 9/14/12 reported "multilevel degenerative changes of the lumbar spine most severe at L4-L5 with severe central spinal stenosis resulting in compression of the thecal sac and the traversing nerve roots; at T11-T12, T12-L1, L2-L3, and L3-L4 there is disc desiccation; at L3-L4, there is disc desiccation with mild disc space narrowing and a 3 mm posterior disc bulge and severe bilateral facet osteoarthritis and severe hypertrophy of the ligamentum flavum resulting in severe central spinal stenosis with compression of the thecal sac and the transversing nerve roots; there is mild stenosis of the bilateral foramina; at L4-5, there is mild disc desiccation with shallow broad based disc bulge measuring approximately 1 mm to 2 mm; there is mild bilateral facet osteoarthritis." The injured worker is refractory to physical therapy and medications. The date of UR decision was 9/13/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram (Tramadol 50mg) #60: Upheld

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 Opioids Page(s): 78, 93, 113.

Decision rationale: According to MTUS CPMTG p93, tramadol (Ultram) is a synthetic opioid affecting the central nervous system. Tramadol is not classified as a controlled substance by the DEA. Side effects: Dizziness, nausea, constipation, headache, somnolence, flushing, pruritis, vomiting, insomnia, dry mouth, and diarrhea. Per p113, tramadol is not recommended as a first-line oral analgesic. Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveal documentation supporting the analgesic effect of tramadol; per 8/16/13 progress report, the injured worker reports an improvement in pain level from 9/10 to 4-5/10 after taking medications. There is also evidence that tramadol causes nausea in the injured worker. However, there is insufficient documentation addressing remaining '4 A's' domains, which is a recommended practice for the on-going management of opioids. The notes do not appropriately review and document functional status improvement, or appropriate medication use. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The latest urine toxicology review was performed 10/25/12, and there is documentation of inconsistent results. While the request is supported for efficacy, it is not supported for safety. The request is not medically necessary.

Consultation with general surgeon for right-sided umbilical hernia: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

Decision rationale: The documentation submitted for review do not note the umbilical hernia on physical examination, nor does it appear to be causing distress to the injured worker. The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. The medical necessity of the requested consultation has not been sufficiently established by the documentation available for my review. The request is not medically necessary.

