

Case Number:	CM13-0052822		
Date Assigned:	12/30/2013	Date of Injury:	04/14/2001
Decision Date:	03/11/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/17/2013

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 Physical Medicine and Rehabilitation, 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:

This 50 year-old male sustained an injury on 4/14/01 while employed by [REDACTED]. Requests under consideration include MRI of the lumbar spine and Tramadol/ APAP 37.5/325 mg #90. Report from [REDACTED] for [REDACTED] noted the patient with complaints of right shoulder, low back, left hip and left knee pain. Lower back pain radiates into right leg which began about 1.5 months ago increasing in severity with recent leg symptoms in last 3 weeks. Medications help some with symptoms. Exam showed diminished sensation to light touch of distal right lower extremity; full strength of lower extremities. The patient stated he would rather treat with medications and physical therapy rather than epidural steroid injections. Treatment plan includes new MRI and medications (Pantoprazole-Protonix; Tramadol/APAP; Nabumetone-Relafen; Topiramate-Topamax).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the 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 Page(s): 303-304.

Decision rationale: ACOEM Treatment Guidelines for Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies such as the requested MRI include emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. In this case, review of submitted medical reports have not adequately demonstrated the indication for MRI of the Lumbar spine nor document any failed conservative trial with medications and therapy. The patient has noted chronic low back pain that has now returned from most recent Epidural Steroid Injections (LESI) with only 5 months duration in benefit. He continued on chronic medications without report of functional improvement. It appears complaints are not new, but have returned from failed treatment of epidural injections. Examination indicates decrease in sensation with intact motor strength of the lower extremities and without dermatomal pattern. Submitted reports have also not addressed any failed conservative trial of Physical Therapy for this exacerbation as requested by the patient to avoid any further epidurals. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the lumbar spine is not medically necessary and appropriate.

Tramadol/APAP 37.5/325MG # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on when to discontinue Opioids Page(s): 79.

Decision rationale: MTUS Guidelines state that opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decrease in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. Tramadol/APAP 37.5/325mg #90 is not medically necessary and appropriate.

