

Case Number:	CM13-0059211		
Date Assigned:	12/30/2013	Date of Injury:	09/09/2006
Decision Date:	06/03/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	12/02/2013

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 Orthopedic Surgery, has a subspecialty in Spine Surgery, and is licensed to practice in Texas. 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 patient is a 31 year old male injured on 09/08/06 due to an undisclosed mechanism of injury. Neither the specific injury sustained nor the initial treatments rendered were addressed in the clinical documentation submitted for review. Current diagnoses included L3-4 and L4-5 disc herniation, bilateral lower extremity paresthesias, L4-5 epidural fibrosis, persistent right L3-4 radiculopathy, and status post L3-4 and L4-5 microdiscectomy times two. Clinical documentation indicated the patient received ongoing evaluation for chronic low back pain. The most recent clinical note dated 10/03/13 indicated the patient complained of continued lumbar spine pain rated at 5/10 radiating down the left leg to just above the knee. Physical examination revealed decreased lumbar motion with paraspinal tenderness over healed lumbar spine surgical incision. Clinical documentation indicated the pain interfered with his sleep and activities of daily living. The plan was to perform quarterly labs and urine to ensure safe metabolism and excretion of medications, titration of Norco to Tramadol 50mg one BID PRN, and follow-up in four to six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

LABS: CBC, CRP, CPK, CHEM 8, HEPATIC AND ARTHRITIS PANEL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Online Version, Low Back - Lumbar & Thoracic (Acute & Chronic), Preoperative Lab Testing.

Decision rationale: As noted in the Low Back - Lumbar & Thoracic (Acute & Chronic) chapter of the Official Disability Guidelines - Online version, electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. The documentation indicates that the intent is to perform the patient's quarterly laboratory studies; however, the previous laboratory values are not provided to establish previous irregularities requiring quarterly evaluation. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting non-steroidal anti-inflammatory drug therapy, but the interval of repeating lab tests after this treatment duration has not been established but should be based on abnormal findings and patient assessment. A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. Without previous laboratory findings to establish abnormalities requiring at minimum yearly laboratory studies this request is not necessary. Additionally, the lack of medication administration due to the weaning of Norco and denial of Tramadol, the request for Labs: CBC, CRP, CPK, Chem 8, hepatic and arthritis panel cannot be recommended as medically necessary.

60 TRAMADOL 50MG WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009), Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, Criteria for Use Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications, both Norco or Tramadol. Additionally, the clinical documentation indicated the intent to wean the Norco to Tramadol; however, there is no further documentation to substantial that this process has been initiated or successful. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of 60 Tramadol 50mg with 2 refills cannot be established at this time.