

Case Number:	CM13-0060783		
Date Assigned:	12/30/2013	Date of Injury:	02/12/2010
Decision Date:	05/28/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	12/03/2013

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 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 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 an employee of [REDACTED] and has submitted a claim for low back and right knee pain with an industrial injury date of February 12, 2010. Treatment to date has included physical therapy; knee surgery; medications, which include Anaprox, topical medications, and Tramadol ER 150 mg qd for chronic pain relief (started August 2, 2013); and two injections to the lower back, the first of which was helpful for two months while the second was not beneficial. Utilization review from October 16, 2013 modified the request for Tramadol ER 150/30 to 75 mg, and denied the request for LESI. The request for Tramadol ER was modified because there was no documentation of a maintained increase in function or decrease in pain with the use of the medication and a modified amount was indicated for possibility of a weaning process. The request for LESI was denied because there was no objective exam finding of radiculopathy corroborated on imaging. Medical records from 2012 to 2013 were reviewed, which showed that the patient complained of low back and right knee pain. On physical examination, the patient is found to be morbidly obese. Examination of the lumbar spine showed positive tenderness in the posterior superior iliac spine region, bilateral; positive costovertebral angle tenderness, right; and positive tenderness in the SI joints. There was pain with forward flexion, extension, and lateral bend but range of motion was normal. There was negative straight leg raise in the supine and sitting position bilaterally but there was diminished sensation in the lateral aspect of the right thigh. Examination of the right knee showed well-healed scars and positive quadriceps atrophy, crepitus, medial joint line tenderness, lateral joint line tenderness, patellofemoral facet tenderness, and positive McMurray test.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL ER 150/30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 93-94 and 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, tramadol is a centrally acting synthetic opioid analgesic and is not recommended as a first-line oral analgesic. In addition, guidelines do not support ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, there was no discussion regarding non-opiate means of pain control or endpoints of treatment. There was also no rationale for the use of tramadol. Moreover, the records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary as the guidelines require clear and concise documentation for ongoing management. Therefore, the request for Tramadol ER 150/30 is not medically necessary.

LUMBAR EPIDURAL STEROID INJECTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: According to page 46 of the Chronic Pain Medical Treatment Guidelines, epidural injections are not supported in the absence of objective radiculopathy. In addition, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection. In this case, the presence of radiculopathy on physical examination corroborated by imaging studies was not documented. Furthermore, pain relief achieved following the previous injection was not quantified. The guideline criteria were not met, therefore, the request for lumbar epidural steroid injection is not medically necessary.