

Case Number:	CM14-0007540		
Date Assigned:	04/02/2014	Date of Injury:	09/19/2011
Decision Date:	05/27/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/18/2013

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 Occupational 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 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 48-year-old male/female who was injured on 09/19/2011 while running with a backpack blower on hills. He experienced sudden onset of pain in the mid-back. Prior treatment history has included physical therapy, injections, medications and activity restrictions. The patient underwent an epidural block on 10/29/2013. The patient's medications as of 11/07/2013 include: Lyrica 75 mg, Naproxen 550 mg, Trazodone 50 mg, Flexeril 10 mg, Hydrocodone 10/325 mg, Methadone 5 mg. Urine drug testing report dated 11/07/2013 detected benzodiazepine but did not detect cocaine metabolite, methadone metabolite, opiate, or hydrocodone. Industrial Recheck dated 11/07/2013 reported the patient was last seen for the epidural block performed fairly on 10/29/2013. Unfortunately, this seemed to have flared his symptoms, especially 2 days afterwards, which had begun to ease somewhat. He had a headache, especially in the first 24 hours. He had no fevers or chills, and no increased numbness or weakness in the extremities, fortunately. His pain severity was at 9/10 and somewhat sharp. He stated he could not drive, and he last drove about a couple of months ago, just for about 1 mild maximally, as it was very difficult to turn to the left. He was trying to do his home exercises but with difficulty. He received driving services. He needed a statement that was okay for him to have a driver to bring him all the way from his home [REDACTED]. On examination, his cervical spine had reduced range of motion without sign of erythema, fluctuance, or streaking at the sites of the cervical epidural block and left T6-7 epidural block. He was notably afebrile to touch, as well. His upper extremities were normal without observable abnormality or asymmetry of temp, color, contour, or size. Neurologic exam revealed the patient was mentally alert, attentive and oriented to reasons for being in the clinic; without signs of agitation, drowsiness, or of being in an overmedicated state. The patient was diagnosed with thoracic pain; cervical sprain/strain; pain, thoracic spine with radicular/visceral; cost vertebral osteoarthritis; thoracic

disc degeneration; facet syndrome, cervical radiculopathy; thoracic radiculopathy; chronic pain, and low back pain. The treatment plan for this patient was to start Tramadol 50 mg, 1 tab by mouth every 8 hours as needed for breakthrough pain, #90. Industrial Recheck dated 09/30/2013 indicated the patient to report persistent neck pain and shoulder region pain. His pain was worse in the patient intracapsular region bilaterally, but worse on the left side. He also described a rubbery feeling in the left scapular region and bilateral lower extremities. He reported having cramps in the bilateral lower extremities, which were worse at night. He reported current medications were helping for pain and he was requesting a refill of his medications. On examination, spasms were noted in the bilateral scapular region musculature, worse on the left side; Dysesthesias was noted to light touch in the left T3 to T7-T8 dermatomes; otherwise, no gross change was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL ER 150MG #30 TAKE 1 DAILY AS NEEDED: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The MTUS Guidelines recommend Tramadol for moderate to severe pain for the shortest duration possible. This is request for long-acting Tramadol for chronic back pain. Long-term opioid use for chronic pain has not been shown to result in improved pain, functional benefit, or improved quality of life. Functional benefit and pain reduction due to Tramadol use is not established in the available medical records. In addition the patient appears to already be taking short-acting Tramadol, Norco, and Methadone. Medical necessity is not established.