MAXIMUS Federal Services

| Case Number: | CM14-0125692 | | |
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| Date Assigned: | 08/11/2014 | Date of Injury: | 10/24/2012 |
| Decision Date: | 09/23/2014 | UR Denial Date: | 07/23/2014 |
| Priority: | Standard | Application Received: | 08/07/2014 |

## 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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 65-year-old-female who reported an injury on 10/24/2012 while transferring a patient. Diagnoses included musculoligamentous strain of the lumbar spine, bilateral radiculitis of the lower extremities, multi-level herniated discogenic disease, and desiccation of disc at L4-5 with synovial cyst formation. Past treatments included medications, physical therapy, a home exercise program, and an epidural injection (date unknown). Diagnostic studies included an EMG/NCV of the lower extremities and an MRI of the lumbar spine which was performed on 12/06/2012. On the clinical note dated 07/14/2014, the injured worker complained of constant pain in the lumbar spine along with radicular pain in both lower extremities, more on the right than the left. The injured worker was essentially home bound due to her inability to tolerate prolonged standing, walking, repetitive kneeling, bending or scooping activities. Additionally, the injured worker stated that driving or sitting for a prolonged time was uncomfortable. Upon physical examination it was noted the injured worker ambulated with the help of a cane, there was marked tenderness on palpation over the lumbar spine paravertebral muscles, with spasms and guarding. There were palpable trigger points with a positive twitch response present as well as numbness over the anterolateral aspect of the right lower extremity and to some extent in the calf region. There was decreased range of motion to the lumbar spine. The injured worker had forward flexion to 20 degrees, extension to 15 degrees, and side to side bending was 15 degrees. Medications included, Flexeril 5mg one by mouth twice a day #60, and tramadol 50mg take one by mouth twice a day #60. The treatment plan was for a refill of tramadol 50mg #60, an epidural steroid injection, an EMG/NCV study of the lower extremities, and a follow-up with the physician in four weeks for re-evaluation. The rationale for the request was not provided. The request for authorization form for the review was submitted and signed on 07/14/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-94, 75.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Tramado Page(s): 94 78.

**Decision rationale:** The injured worker has a history of chronic pain in the lumbar spine and radicular pain in the lower extremities. The injured worker has been treated with pain medications, physical therapy, a home exercise program, and an epidural steroid injection, that have all aided in the management of her pain. The California MTUS guidelines state tramadol is indicated for moderate to severe pain. The guidelines state in regards to ongoing opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects is recommended. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. 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. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. There is a lack of documentation indicating the injured worker was assessed for side effects and aberrant behaviors. There is no documentation of the effectiveness of the pain medication in regards to performing activities of daily living and improving quality of life. Given the lack of this documentation as outlined in the guidelines above, the request is not medically necessary.