

Case Number:	CM14-0155389		
Date Assigned:	09/25/2014	Date of Injury:	05/16/2007
Decision Date:	10/27/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/23/2014

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 Internal 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 injured worker is a 52-year-old female who reported an injury on 05/16/2007. The mechanism of injury was not clearly indicated in the clinical notes. Her diagnoses included lumbar spine sprain/strain, lumbar spine disc herniation, and lumbar spine radiculopathy. Her past treatments included a home exercise program, medications, injections, and the usage of a urine drug screen. The injured worker's diagnostic exams were not clearly indicated in the clinical notes. The injured worker's surgical history included 2 left knee surgeries and 2 right ankle surgeries performed in 2007. On 09/23/2014, the injured worker complained of lumbar spine pain, which was constant and radiated down into the left leg. She rated this pain at 7/10 and associated it with tingling. The physical exam revealed decreased range of motion of the lumbar spine and tenderness to palpation. Her range of motion values included 45 degrees of flexion, 15 degrees of extension, and 10 degrees of left lateral rotation. The injured worker's medications included Norco 10/325, Gabapentin 600 mg, Ambien 10 mg, Tramadol 50 mg, and Ibuprofen. The treatment plan consisted of the continuation of a home exercise program, continuation of her medications and a referral for a lumbar epidural steroid injection. A request was received for Tramadol 50 mg, Norco 10/325, and range of motion testing. The rationale for the request was not clearly indicated in the clinical notes. The Request for Authorization form was signed and submitted on 09/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80, 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Neuropathic Pain Page(s): 82.

Decision rationale: The request for Tramadol 50 mg is not medically necessary. The California MTUS Guidelines state that opioids for neuropathic pain are not recommended as a first line therapy option. Opioid analgesics such as, Tramadol had been suggested as a second line treatment. There is limited assessment of effectiveness of opioids for neuropathic pain, with short term studies showing contradictory results and intermediate studies demonstrating efficacy. Additionally, the guidelines state that ongoing management for chronic pain in patients on opioids is contingent on the documentation of the 4 domains proposed as most relevant for ongoing monitoring. These domains include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. Based on the clinical notes, the injured worker had complaints of constant lumbar spine pain that radiated into the left leg with numbness and tingling noted. She also complained of tenderness to palpation of the lumbar spine and decreased range of motion. The injured worker's diagnoses included a lumbar sprain/strain and lumbar spine radiculopathy. The guidelines state that for the use of Tramadol there are no long term studies that allow for long term use longer than 3 months. Also, the clinical notes failed to indicate quantitative measures showing significant efficacy of the medication to decrease pain and provide increased functional abilities. Therefore, due to lack of documentation indicating quantitative measures showing chronological medication efficacy, and the lack of evidence showing that the injured worker was tried on a first line treatment option of medications, the request is not supported. Thus, the request for Tramadol 50mg is not medically necessary.

Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80, 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-78.

Decision rationale: The request for Norco 10/325 mg is not medically necessary. The California MTUS Guidelines state that for the ongoing use of opioids, the 4 domains for ongoing monitoring of chronic pain patients on opioids must be documented. The four domains include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. These domains must be documented by quantitative measures to ensure that the efficacy of the medication is significant enough to warrant continual use of the medication. Based on the clinical notes, the injured worker complained of lumbar spine pain, that she rated 7 out of 10 on the pain scale. The guidelines would support the use of

opioids, as a 7/10 pain rating would be considered moderate to severe pain. However, the clinical notes failed to indicate quantitative measures across a chronological timeline. The injured worker has been using Norco 10/325 since approximately 03/11/2014. Additionally, there was no documentation that indicated side effects and psychosocial functioning have been increased as a result of the administration of the medication. Also, the clinical notes failed to indicate what the injured worker's pain scale was pre and post medication administration to warrant the continued use of Norco 10/325. The ongoing use of opioids is based on increased functionality and decreased pain. Based on the clinical notes, the injured worker still had a pain rating 7/10, which indicated decreased efficacy due to long term use. Therefore, due to lack of quantitative documentation, absence of a frequency of dose, and evidence of long term use, the request is not supported. Thus, the request for Norco 10/325 is not medically necessary.

Range of motion testing ROM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

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

Decision rationale: The request for range of motion testing is not medically necessary. The Official Disability Guidelines state that the inclinometer is the preferred device for obtaining accurate reproducible measurements in a simple practical and inexpensive way. The guidelines do not recommend computerized measures of lumbar spine range of motion which can be done with inclinometers and where the result is of unclear therapeutic value. Based on the clinical notes, the injured worker had decreased range of motion of the lumbar spine. The range of motion values included 45 degrees of flexion, 15 degrees of extension, 10 degrees of left lateral bend, and 10 degrees of right lateral bend. Although, the injured worker had decreased range of motion values, the guidelines do not recommend computerized range of motion testing due to the preferable use of the inclinometer device for obtaining accurate reproducible measurements. Therefore, due to lack of support for the use of range of motion testing by the guidelines, the request is not supported. Thus, the request for range of motion testing is not medically necessary.