

Case Number:	CM14-0157963		
Date Assigned:	10/01/2014	Date of Injury:	10/28/2011
Decision Date:	11/25/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/26/2014

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 patient is an injured worker with the diagnoses of L5-S1 spondylolisthesis with bilateral spondylolysis, lumbar disc protrusion at L4-5 and L5-S1, status post revision lumbar laminectomy decompression L4-5. Date of injury was 10/28/2011. Neurosurgical progress report dated June 9, 2014 documented that the patient was approximately one week status post a revision lumbar laminectomy decompression bilaterally at the L4-5 level. He reports his lower back pain and continues to have pain in the right quadricep region down to the right leg when standing. He states that the lower back pain has improved. He rates his pain at 10 point pain scale at 6-7/10 in severity. Physical examination was documented. On physical examination, lumbar incision is well healed. There is no erythema, no induration, and no drainage. Muscle strength examination of the lower extremities reveals 5/5 strength in the iliopsoas, quadriceps, hamstring, anterior tibialis, extensor hallucis longus muscle, gastrocnemius muscles. Heel and toe walking are intact bilaterally today. Deep tendon reflexes are 2+ in the patella tendon and 2+ in the gastrocnemius tendon. Diagnoses were status post revision lumbar laminectomy decompression L4-5, L5-S1 spondylolisthesis with bilateral spondylolysis, prior L4-5 lumbar decompression and laminectomy, lumbar disc protrusion at L4-5 and L5-S1. The patient is status post revision of L4-5 lumbar decompression laminectomy and decompression bilaterally. The patient underwent decompression on the right side and also revision decompression on the left side at the site of his previous decompression. There was a large recurrent disc extrusion on the left side that has been now removed. Treatment plan included physical therapy for postoperative rehabilitation. Lumbar spine surgery was performed 6/4/14. The progress report dated 07/14/14 documented that the patient was status post lumbar laminectomy one month and a prescription for Tramadol 50 mg as needed. Utilization review determination date was 8/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg 1 PO q 6 hr PRN for pain #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-75 and 86-87.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Opioids Page(s): 74-96 93-94, 113, 123.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address Ultram (Tramadol). Ultram is a centrally acting synthetic opioid analgesic. Ultram is indicated for the management of moderate to moderately severe pain. MTUS Chronic Pain Medical Treatment Guidelines (Page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Medical records document that the patient is status post revision lumbar laminectomy decompression bilaterally at the L4-5 level performed on 6/4/14. Diagnoses included L5-S1 spondylolisthesis with bilateral spondylolysis and lumbar disc protrusion at L4-5 and L5-S1. Medical records document stable use of medications and objective evidence of significant pathology. Ultram (Tramadol) is indicated for the management of moderate to moderately severe pain. Medical records and MTUS guidelines support the prescription of Ultram (Tramadol). Therefore, the request for Tramadol 50 mg 1 PO q 6 hr PRN for pain #90 is medically necessary.