

Case Number:	CM14-0166897		
Date Assigned:	10/14/2014	Date of Injury:	09/06/2012
Decision Date:	11/17/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/09/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 09/06/12 when, while pushing a wheelbarrow filled with dirt and concrete, he slipped on plastic sheeting. He injured his low back and left hand. The claimant had a pre work-related injury history of a lumbar spine fusion. The claimant developed incontinence and an inability to have a bowel movement and underwent emergency L2-4 decompression for cauda equina syndrome on 05/29/13. His incontinence improved significantly. He continues to be treated for low back spasms and lower extremity pain. He was seen on 05/09/14. He was no longer working. An epidural injection in March 2014 provided some pain relief. He had pain rated at 8/10 with medications and 10/10 without medications. Medications were morphine ER 30 mg three times per day, Norco 10/325 mg four times per day, and Valium. Physical examination findings included appearing in no acute distress. There was decreased left lower extremity strength and sensation. He had pain with lumbar spine range of motion with bilateral paraspinal muscle tenderness. There was a positive left straight leg raise. He had an antalgic gait and was walking with a cane. Medications were continued. The assessment references medications as allowing the claimant to walk further and do some household chores. He was not having any side effects. Urine drug screening was performed. He was seen by his surgeon for review of CT myelogram test results on 06/10/14. He was continuing to take pain medications. He was having back and leg pain. Physical examination findings included decreased lower extremity sensation. Imaging results were reviewed. Further surgery was not recommended. He was seen by the requesting provider on 06/20/14. His recent orthopedic evaluation was reviewed. He had not received the prescribed morphine and had gone through withdrawal. He had increased his Norco dose and had run out one week before. There had been improvement with gabapentin. Pain was rated at 7/10 with

medications and 9/10 without medications. Physical examination findings appear unchanged. His gabapentin dose was increased from 300 mg at night to 300 mg three times per day. Tramadol ER 150 mg was prescribed. There was consideration of further interventional care.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Tramadol Extended Release 150mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, dosing.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for low back spasms and lower extremity pain. He is status post multilevel lumbar decompression and fusion. Guidelines indicate that just because an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol ER is a sustained release formulation and would be used to treat baseline pain which is present in this case. The requested dosing is within guideline recommendations. In this case, there are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. Therefore, the continued prescribing of Tramadol ER was medically necessary.