

<b>Case Number:</b>	CM14-0186190		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	03/20/2001
<b>Decision Date:</b>	12/23/2014	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 and Rehabilitation, has a subspecialty in Pain Management 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 62 year old female with an injury date of 03/20/01. Per progress report dated 10/24/14, the patient complains of chronic neck pain radiating to her arms and hands, right greater than left, along with lower back pain. The pain level is rated as 8. Right leg feels stiff. She also has cramping in her leg and right hip along with some headaches. Physical examination reveals hypertonicity in bilateral trapezius, reduced sensation right lower extremity (RLE), reduced strength in right hip flexor, and decreased sensation in 2,3,4,5 fingers, right greater than left. Per progress report dated 10/23/14 provided by the physician's assistant, the patient complains of chronic pain in the low back rated at 6/10 and right elbow rated at 2/10. She also suffers from some liver issues and mood problems secondary to the pain. Per psychiatric report dated 08/29/14, the patient has been diagnosed with schizoaffective disorder, depressed, probable. The patient uses cream, transcutaneous electrical nerve stimulator (TENS) unit, self tactile performance test TPT and home exercise program, as per report dated 10/23/14. The patient received six sessions of acupuncture, as per progress report dated 10/15/14. She discontinued Topamax, as per progress report dated 10/24/14. Her medications as per progress report dated 10/04/14 include Sertraline, Topiramate, Omeprazole, and Ultracet. Her medications, as per report dated 09/03/14, included Menthoderm for topical analgesic, TENS patches, Sertraline, Topiramate, Omeprazole, Ultracet, and Tramadol. She had trigger point injections for her neck pain and ultrasound treatment for her shoulder which helped reduce the symptoms, as per progress report dated 05/14/14. Patient returned to modified work on 08/27/14, as per progress report dated 10/23/14. Electromyography EMG bilateral lower extremities (BLE), 08/10/13, as per progress report dated 12/11/13: Bilateral lumbar radiculopathy at left L5 and right S1. MRI of the Lumbar Spine, 01/15/14, as per progress report dated 02/15/14- Disc degeneration and posterolateral annular bulges at L3-4 and L4-5- Tiny right paracentral and

foraminal annular tear at L4-5MRI of the Lumbar Spine, 2008, as per progress report dated 12/11/13 (no findings mentioned)Diagnosis, 10/24/14- Cervical discogenic syndrome- Epicondylitis, elbow lateral- Lumbar discogenic syndrome- Thoracic sprain/strain- Poor coping- Visual hallucinationsThe provider is requesting for (a) Tramadol HCL/APA 37.5/325mg # 60 (b) MRI of the brain. The utilization review determination being challenged is dated 11/03/14. The rationale follows: (a) Tramadol HCL/APA 37.5/325mg # 60 - No specific rationale found. (b) MRI of the brain - "A search of the MTUS including ACOEM failed to reveal recommendations appropriate to this request." They reviewed the ODG guidelines as well but did not mention a specific rationale in relation to that. Treatment reports were provided from 11/09/13 - 10/23/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Tramadol HCL/APA 37.5/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88-89.

**Decision rationale:** The patient presents with chronic neck pain radiating to her arms and hands, right greater than left and low back pain. The provider is requesting for (a) Tramadol HCL/APA 37.5/325mg # 60. The pain level is rated as 8. She also has cramping in her leg and right hip along with stiffness in the right leg and some headaches, as per progress report dated 10/24/14.MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief.The first prescription for Tramadol was noted in progress report dated 11/20/13. The provider states, in progress report dated 06/13/14, that the patient "needs to stop taking Tramadol" (no reason specified). The patient, however, continued to receive Tramadol until, as per progress report dated 07/15/14, the prescription was changed to Ultracet to "work toward titrating down on Tramadol dosing." Tramadol was not prescribed since 10/04/14. These progress reports do not discuss how Tramadol specifically helps reduce pain and promote activities of daily living in the patient. The four A's are not specifically addressed including discussions regarding aberrant drug behavior, specific activities of daily living (ADL's), adverse reactions, and aberrant behavior. In the progress report dated 10/24/14, the provider states that "No side effects reported from medications. Medication enables patient to remain functional," but Tramadol was not part of the set of medications mentioned in this report. Therefore, Tramadol HCL/APA 37.5/325 mg #60 is not medically necessary and appropriate.

**MRI of the brain:** 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), Head

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Head and Topic: MRI (Magnetic Resonance Imaging).

**Decision rationale:** The patient presents with chronic neck pain radiating to her arms and hands, right greater than left, and low back. The provider is requesting for MRI of the brain. The pain level is rated as 8. She also has cramping in her leg and right hip along with stiffness in the right leg and some headaches, as per progress report dated 10/24/14. ODG guidelines, Chapter: Head and Topic: MRI (magnetic resonance imaging), state that "MRI scans are useful to assess transient to permanent changes, to determine etiology of subsequent clinical problems, and to plan treatments. MRI is more sensitive than CT for detecting traumatic brain injury." Indications for MRI include: (a) To determine neurological deficits not determined by CT (b) To evaluate prolonged interval of disturbed consciousness (c) To define evidence of acute changes superimposed on previous trauma or disease. In this case, the review of reports indicates that the patient has not received prior MRI of the brain. However, there is no evidence of a prior CT scan, as required by the ODG guidelines. The reports do not suggest disturbed consciousness or significant change in symptoms. In fact, the provider states in the latest progress report dated 10/24/14 that "Medication enables patient to remain functional." Therefore, the request for MRI of the brain is not medically necessary and appropriate.