

<b>Case Number:</b>	CM14-0027535		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	06/13/2007
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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, has a subspecialty in Interventional Spine 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 54 year old male with an injury date of 06/13/17. Based on the 01/10/14 progress report provided by [REDACTED], the patient complains of lumbar spine pain. On some days he has numbness, tingling, and pain radiating into his lower extremity; on other days, he doesn't. The patient's diagnoses include the following: Degenerative disc disease, multilevel; Lumbar spine radiculopathy; Lumbar stenosis; and Retrolisthesis L2-3, positive per x-ray of 10/24/13. The 10/12/10 MRI of the lumbar spine reveals degenerative disk disease at the L3-4, L4-5, and L5-S1 interspaces.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMADOL 50MG #60 WITH 2 REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 88-89.

**Decision rationale:** According to the 01/10/14 report by [REDACTED], the patient presents with lumbar spine pain. The request is for Tramadol 50 mg #60 with 2 refills. Review of the reports

show the patient has been taking Tramadol since 09/26/13. There were no pain scales provided or any indication of the impact Tramadol had on the patient. For long-term use of opiates MTUS guidelines require documentation of pain and function. Numeric scale or a validated instrument is required once every 6 months to document function. The guidelines also require addressing the four A's (analgesia, ADL's, adverse effects and aberrant events). In this case, documentation is inadequate. No numerical scales are provided, and no specifics are provided regarding functional changes. The request is not medically necessary.

**1 ESI INJECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

**Decision rationale:** There is no indication of any previous lumbar epidural steroid injections, nor did the MRI of the lumbar spine show any herniations or stenosis. MRI from 10/12/10 only showed degenerated disc conditions. MTUS guidelines state radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the absence of a clear dermatomal distribution pain corroborated by an imaging and an examination demonstrating radiculopathy, ESI is not indicated.