

Case Number:	CM14-0031187		
Date Assigned:	04/09/2014	Date of Injury:	06/13/2007
Decision Date:	05/27/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/28/2014

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 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 53-year-old male with date of injury of 06/13/2007. The listed diagnoses per [REDACTED] dated 10/23/2013 are: cervical limited range of motion, cervical paraspinal muscle spasms, cervical sprain/strain, cervical multiple severe disk herniations, cervical radiculitis/radiculopathy to bilateral upper extremities, lumbar sprain/strain, lumbar disk herniation, and lumbar radiculitis/radiculopathy to bilateral lower extremities. According to the report, the patient presents with severe lumbar pain associated with moderate to severe muscle spasms. He has limited range of motion to the lumbar spine. The patient describes his pain 8/10 reaching to a level of 9/10. The patient further notes experiencing pain radiating to both legs associated with tingling, weakness and numbness. He also complains of moderate to severe cervical pain associated with tingling and numbness radiating to bilateral upper extremities mostly on the left. The examination shows severe guarding to deep palpation over the lumbar area associated with severe myofascial pain. Straight leg raising test are severely positive in both the seated and supine positions. There is pain on palpation over the spinous process at C3-C4, C4-C5, C5-C6, and C6-C7 with reproduction of pain to corresponding dermatomes. The treating provider is requesting a retrospective request for tramadol 50 mg and a pain management consult for epidural steroid injections to the neck and the back.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL (ULTRAM) 50MG, #60, DISPENSED:10/3/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Section Anti-inflammatory medications, Page(s): 22, 67-68, 80-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Tramadol, Section Opioids for neuropathic pain Page(s): 80, 84; 93-94; 82.

Decision rationale: The patient presents with chronic neck and back pain. The treating provider is requesting a retrospective request for Tramadol 50 mg. The MTUS Guidelines states, "Appears to be efficacious, but limited for short-term pain relief, and long-term efficacy is unclear (less than 16 weeks), but also appears limited. Failure to respond to a time-limited course of opioid has led to the suggestion of reassessment in consideration of alternative therapy." In addition, MTUS also states that Tramadol is indicated for "moderate to severe pain," no longer than 3-months for Osteoarthritis. For chronic opiate use, MTUS requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, aberrant behavior), as well as numeric scale to document pain level and function. The urine drug screen dated 12/18/2013 shows unremarkable results. The review of reports from 06/25/2013 to 12/31/2013 documented the patient's pain level at 8-9/10. None of the reports document medication efficacy, specifics about analgesia, activities of daily living (ADLs), and return to work as required by MTUS. Furthermore, outcome measures were also not provided. The recommendation is for denial.

PAIN MANAGEMENT CONSULT FOR EPIDURAL STEROID INJECTIONS TO NECK/BACK: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Section Epidural Steroid injections. Decision based on Non-MTUS Citation Independent Medical Examination (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pgs. 92, 127 and non-MTUS: 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 Independent Medical Examination (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) pg. 127.

Decision rationale: This patient presents with chronic neck and back pain. The treating provider is requesting a pain consult management for epidural steroid injections to the neck and the back. The ACOEM Guidelines state that health practitioners may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the pain or course of care may benefit from additional expertise. In this case, the treating provider is concerned about the patient's chronic low back and neck pain and a request for a specialty consultation is reasonable. The recommendation is for authorization.