

Case Number:	CM14-0048685		
Date Assigned:	06/25/2014	Date of Injury:	02/01/2001
Decision Date:	07/25/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/24/2014

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 and Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 62 year old male who had a work related injury on 02/01/2001. There is no mechanism of injury documented. The injured worker has had significant treatment including physical therapy, lumbar epidural steroid injections. The injured worker underwent surgery on 09/29/10 which was a lumbar laminectomy with bilateral foraminotomies at L3, L4, L5, and S1. Posterolateral fusion at L3 through S1 with segmental instrumentation, reduction for spondylolisthesis with local autogenous bone graft. After the operation his right leg pain did improve initially but by the spring of 2011 he started having a recurrence of numbness and pain down his right leg. CT myelogram on 04/07/11 showed an anterior posterior fusion noted from L3 to S1 with incomplete healing of the L5-S1 graft, but L3-4 and L4-5 graft is incorporated. Worsening degenerative disc disease at L2-3, compared to prior MRI of 05/26/09 causing moderate central canal stenosis and significant bilateral foraminal narrowing. Yet in May of 2012 after failing conservative treatment, he underwent a T8 to L3 fusion with rods. The most recent note dated 03/03/14 indicates the injured worker was being seen in follow up for ongoing right L4-5 lumbar radiculopathy with a remote history of a fusion from T10 to S1. The injured worker describes persistent pain and numbness radiating around his right buttocks and the anterior part of his right thigh to his knee. The injured worker has a feeling of weakness, particularly when he gets out of a chair. EMG and never conduction study shows the injured worker has EMGs consistent with a right L4 and L5 lumbar radiculopathy. The above study reflects changes on an ongoing basis to the L4-5 myotomes on the right side and chronic changes only to the left side. On physical examination, he grimaces as he climbs out of a chair. The injured worker has difficulty flexing forward on his right leg. The injured worker has no major tenderness in his back and complains of no pain in the back. The injured worker has a reduced right patellar reflex. The injured worker has mild antalgia to the right as well as numbness in the

anterior part of the right thigh. Prior utilization review on 03/06/14 was modified the Tramadol to #90 and then modified the pain psychology to 1 pain consultation. It was noted that the provider agreed to the modifications. The current request is for 1 prescription of Tramadol 50mg #120 and unknown pain psychology.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Tramadol 50 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram, Ultram ER, generic available in immediate release tablet).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Tramadol.

Decision rationale: The request for 1 prescription of Tramadol 50 mg #120 is not medically necessary. The clinical documentation submitted for review does not support the request. There is no documentation of functional improvement, or decrease in pain. Therefore, medical necessity has not been established.

Unknown pain psychology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, psychological intervention.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Psychological evaluations.

Decision rationale: The request for unknown pain psychology is not medically necessary. The clinical documentation submitted for review does not support the request. There is no documentation of the injured worker having gone to the one pain consultation. Prior utilization review on 03/06/14 modified the pain psychology to 1 pain consultation. Therefore medical necessity has not been established.