

Case Number:	CM14-0050151		
Date Assigned:	07/23/2014	Date of Injury:	06/28/2011
Decision Date:	08/27/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/17/2014

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 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 56 year old male who had a work related injury on 06/28/11. He was making airplane pails when he experienced onset of lower back and leg pain that started within 6 months. Treatment has included physical therapy, chiropractic treatment, acupuncture, injection, and medication. He received a left greater trochanteric bursa injection on 11/10/11. Magnetic resonance image of the lumbar spine dated 11/12/11 documented bulging of the disc noted at L4-5 and L5-S1 levels with bilateral neuroforaminal narrowing, left more than right. Hypertrophic arthroplasty of the facet joints at these 2 levels also noted with high signal abnormality of the facet joint space and spur formation. X-rays of the lumbar spine dated 09/21/12 documented radiographic evidence for moderate to severe degenerative disc disease at L1-2 as well as mild degenerative disc disease at L4-5 and moderate degenerative disc disease at L5-S1 associated with mild facet spondylosis at L4-5 and L5-S1 as described. The most recent progress note dated 05/13/14 the injured worker was in for a reevaluation of his lower back. Lower back symptoms are getting progressively worse. He continues to report constant severe lower back pain which radiates to his buttocks and down both of his legs associated with numbness and tingling in both of his legs especially with prolonged sitting. Physical examination, gait is wide based and slow cadence which is more left than right antalgic, and he has significant difficulty getting up from the examination room chair. Range of motion of the lumbar spine is restricted with flexion to 50 degrees, extension of 5 degrees, rotation 20 degrees, and lateral bending of 10 degrees bilaterally. There is moderate to severe tenderness over the spinous processes mainly at the lumbosacral levels. There is moderate tenderness in the paraspinal muscles. There is moderate to severe tenderness at the sacroiliac joints. There is moderate tenderness over the right sciatic nerve and moderate to severe tenderness over the left sciatic nerve. Deep tendon reflexes are unobtainable at the ankles and at the knees. Motor strength testing in the lower

extremities demonstrates grade 5 strength bilaterally without any true neurologic deficits identified. Straight leg raise test in the supine position is done to approximately 50 degrees bilaterally with significant lower back pain and some bilateral buttock pain without any obvious radicular leg pain, but there is some definite moderate hamstring tightness. No documentation of functional improvement, no visual analog scale scores with and without medication. Diagnoses degenerative lumbosacral disc disease. Displaced lumbar intervertebral disc. Lumbar radiculopathy. Prior utilization review on 04/11/14 was a modification from #100 to #60, and non-certified for the additional 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 mg. #100 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94.

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

Decision rationale: The clinical documentation submitted for review does not support the request. There is no documentation of functional improvement, and there is no visual analog scale scores with and without medication. As such, the request for Ultram 50 mg. #100 with 5 refills is not medically necessary and appropriate.