

Case Number:	CM14-0050877		
Date Assigned:	07/07/2014	Date of Injury:	09/17/2010
Decision Date:	08/26/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/18/2014

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 Internal Medicine 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:

This is a case of a 34 year old male with a date of injury of 9/17/2010. The patient suffered a 15 foot fall landing on his left buttock and was ultimately diagnosed with sacroiliitis, lumbar disc displacement without myelopathy, thoracic and lumbosacral neuritis or radiculitis, and lumbar sprain. He underwent left pelvic open reduction internal fixation for left sided pelvic fracture on 9/22/2010. He had a sacroiliac joint screw fixation of the left hemi sacrum. He was subsequently treated with pain medication, lumbar epidural injections, and physical therapy. He has been on several medications including neurontin, prilosec, tramadol, Norco and Temazepam. MRI of the lumbar spine from 9/27/2013 revealed straightening of the lumbar spine, metallic artifacts in the region of the sacrum on both sides and coursing horizontally across S1 vertebra, and exiting nerve roots were unremarkable at all lumbar spine levels. On a March 12th, 2014 consulting physician progress note, it was reported that the patient describes persistent pain around his left hip girdle and also numbness and pain in the sciatic distribution behind the posterior part of his left buttock and down his left foot into the sole of his foot. He has noted over the past year that his symptoms have improved. His physical exam shows that he is in moderate amount of pain discomfort. He has antalgia to the left. He appears to have a slight limb length discrepancy. He has tenderness at the lumobsacral junctions. He can bend to 80 degrees and extend to 20 degrees with pain. He has some numbness and tingling throughout the L5-S1 distribution of the left foot. At that time he was diagnosed with: 1) status post left lateral sacral ala fracture and dislocation with closed reduction and sacroiliac joint pinning. 2) residual left S1 radiculopathy status post sacral ala fracture. 3) painful left sacroiliac joint screw in position, retained. It was felt that the patient would benefit from removal of the left sacroiliac joint screw as it may be the inciting source of pain and restriction of movement at that level. The medications neurontin, restoril and tramadol were continued at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

RESTORIL 15MG #30 X 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: Based on MTUS guidelines, the use of benzodiazepines such as Restoril are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Tolerance to hypnotic effects develops rapidly. In this case, the patient has been using restoril for sleep for at least several months. Based on the MTUS guidelines, and the evidence in this case, the request for Restoril 15 mg #30 x3 is not medically necessary.

TRAMADOL 50MG #90 X 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 80.

Decision rationale: Based on MTUS guidelines, central acting analgesics are an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g. tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central acting analgesic drugs are reported effective in managing neuropathic pain. Opioids for chronic back pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. In this case, it appears that the patient has been on tramadol for an extended period of time, and subjectively reports feeling better, but no definitive documentation was made as to the overall benefit of its use, or the improvement in function based on its use. Therefore, based on MTUS guidelines, and the evidence in this case, the request for Tramadol 50 mg # 90 x 3 is not medically necessary.