

Case Number:	CM14-0056366		
Date Assigned:	07/09/2014	Date of Injury:	09/02/2008
Decision Date:	09/11/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/25/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 68-year-old male with a 9/2/08 date of injury; the mechanism of the injury was not described. The patient was seen on 1/25/13 with complaints of 5-6/10 ongoing low back pain and bilateral leg pain with numbness. The patient was taking Zanaflex, Tramadol and Capsaicin cream. The physical examination revealed normal gait, tenderness to palpation in the lumbar area and decreased range of motion in the lumbar spine. The patient was seen on 8/1/14 with complaints of 5-6/10 intermittent pulsating low back pain radiating into the right buttock and right knee. The patient had numbness and tingling in the right foot and toes and pain in the left foot. Exam findings revealed markedly antalgic gait with a boot case on the left foot and the patient was walking with the aid of a cane. There was tenderness to palpation and spasm in the lumbar spine and diminished sensation of the bilateral L3-S1 dermatomes. The range of motion of the lumbar spine was: flexion 30 degrees, extension 15 degrees, right lateral bending 20 degrees and left lateral bending 20 degrees. Bilateral straight leg raise test was positive with numbness in the toes at 45 degrees. The progress note stated that the medications were helping with the patient's pain level and allowed him to increase his level of functioning. The patient was taking Flexeril as needed for spasms #180; Tramadol ER once per day as needed for pain #90 and capsaicin cream as directed. The diagnosis is chronic back pain, lumbar radiculopathy, and peripheral neuropathy versus plantar fasciitis. Treatment to date: chiropractic treatment, physical therapy, home exercise program, work restrictions and medications. An adverse determination was received on 3/26/14. The request for Tramadol ER 150mg #90 was denied due to a lack of documentation provided in the medical record of any significant ongoing review of the patient's pain relief, functional status and/or appropriate medication use with the use of the requested medication. There was also no pain assessments provided in the medical records to

suggest that the patient was receiving functional increases and decrease in patient's pain complaints with the use of the requested medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81, 113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2008 date of injury, the duration of opiate use to date is not clear. The progress notes indicated that the patient was using Tramadol at least from 1/25/13. In addition, there is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. In addition, the progress notes indicated that the patient was taking Tramadol one tablet a day and the request is for 90 tablets. It is unclear, why the request was for 3 months supply at one time and the opioid treatment requires frequent ongoing monitoring. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Should the missing criteria necessary to support the medical necessity of this request remain unavailable, discontinuance should include a tapering prior to discontinuing to avoid withdrawal symptoms. Therefore, the request for Tramadol ER 150mg #90 is not medically necessary.