

Case Number:	CM14-0066226		
Date Assigned:	07/11/2014	Date of Injury:	12/05/2011
Decision Date:	09/12/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/09/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 60 year old female with a work injury dated 12/5/11. The diagnoses include lumbar disc displacement, lumbar radiculopathy, left internal hip derangement and sacroiliac pain. Under consideration is a request for Tramadol #60; Hydrocodone #60; DME-Walker. The patient has not returned to work. There is a primary treating physician report dated 2/24/14 primary physician letter of appeal which states that the patient has an extended history of low back pain which she rates as 5 to 8 on a pain scale of 1 to 10 with 10 being the worst pain with radiation down the left lower extremity. Since her initial injury of 12/05/11, a diversified medical approach to manage her subjective complaints has consisted of Vicodin, Tramadol and a Medrol Dosepak, physical therapy, acupuncture, and chiropractic treatment. Further, she has undergone five epidural steroid injections with only temporary relief. The document states that an MRI on January 9, 2014, which revealed: Disc space narrowing and degenerative disc and joint disease at L5-S1 with a 3 mm. broad-based disc bulge and thecal sac indentation. 2. Facet arthropathy at L4-5 with 3 mm. broad based disc bulge. The appeal states that it is appropriate at this time to continue with Tramadol 150 mg. as well as Hydrocodone/Vicodin 5/500 which have provided relief as well as controlling exacerbatory outbreaks. The patient is in need of further analgesic medication which includes both the Tramadol and the Vicodin which, at this time, is 5/325. As time progresses, the documenting physician states that he is hopeful that he can eliminate the Vicodin 5/325 and rely principally on the Tramadol 150 mg. which is a synthetic opiate and does not have the long-term opiate effects as more traditional narcotics. A 10/25/13 office visit reveals that the patient continues to note benefit from the lumbar epidural steroid injection she received on 9/6/13. She reports that her pain has decreased to a 3/10. She also had a sacroiliac joint injection and a trigger point injection on 9/13/13 and reports good relief. She has received

physical therapy, but this has caused her (R) lower extremity symptoms to increase. Authorization for a walker with a seal and a shower chair has been denied. The patient's medications include Tramadol, Vicodin, Lexapro and Xanax. The patient currently complains of low back pain that radiates into her (L) leg down to her calf. She also complains of pain in her (R) hip from overcompensation for her (L) lower extremity pain. She currently rates her pain as a 4/10. On exam The patient is in moderate to severe distress. Her gait is widely based and antalgic toward the (L). She is using a single-pole cane. She is unable to perform toe or heel walk due to (L) lower extremity pain and weakness. She ambulates with a cane for balance of weakness in the (L) lower extremity. On range of motion of the lumbar spine, the patient has pain with forward flexion to 60 degrees and extension to 20 degrees. The patient has pain with side bending to 20 degrees toward the (R) and 20 degrees toward the (L). The patient has palpable lumbosacral paraspinous muscle spasm on the (L) with four myofascial trigger points with twitch response and referral of pain. She has acute pain with palpation over her (L) sacroiliac joint, which is the source of most of her pain today. The patient has pain with external rotation of her (L) hip. She also has pain with deep palpation of the (L) piriformis on the (L) side. Knee jerks are 2+ and symmetric; ankle jerks are 2+ on the (R) and 0-1 + on the (L). Motor strength is 5/5 and symmetric with leg flexion and extension (R) hip flexion. Motor strength with (L) hip flexion cannot be assessed because of pain with this maneuver. Motor strength with plantar flexion is normal and with (R) foot dorsiflexion. She has weakness with dorsiflexion of the (L) foot and greater toe. The patient has decreased sensation in the (L) lower extremity in the L5 and S 1 distributions. Sensation is otherwise grossly intact to light touch. Straight-leg raise on the (L) is positive at 70 degrees. Straight-leg raise on the (R) is negative. Posterior tibial 2+ and symmetric bilaterally. The plan was to continue meds and an interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: Tramadol #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation submitted is not clear on patient's ongoing review and documentation of pain relief, functional status and on-going medication management or treatment plan. This would include appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There is no indication that the medication has improved patient's pain or functioning to a significant degree therefore the request for Tramadol #60 is not medically necessary.

Hydrocodone #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone Opioid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: Hydrocodone #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation submitted is not clear on patient's ongoing review and documentation of pain relief, functional status and on-going medication management or treatment plan. This would include appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There is no indication that the medication has improved patient's pain or functioning to a significant degree therefore the request for Hydrocodone #60 is not medically necessary.

DME: Walker: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Walking aids for knee injuries <http://www.odg-twc.com/odgtwc/knee.htm>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg-walking aids.

Decision rationale: The request for DME-walker is not medically necessary per the ODG guidelines. The MTUS guidelines do not address walkers for lumbar pain. The ODG low back chapter does not address walkers. The ODG knee chapter states that walkers can be used for knee osteoarthritis. The documentation indicates that the patient has an antalgic gait. A thorough gait evaluation was not performed nor was a trial with a walker. The request for DME-walker is not medically necessary.