

Case Number:	CM14-0067449		
Date Assigned:	07/14/2014	Date of Injury:	05/21/2003
Decision Date:	09/17/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/12/2014

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 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 58 year old male who had a work related injury on 05/21/03. The mechanism of injury is not documented. The most recent medical record submitted for review is dated 05/29/14. The injured worker complained of neck pain that radiates down the bilateral upper extremities, the pain is aggravated by activity and walking, low back pain that radiates down the bilateral lower extremities aggravated by activity and walking, lower extremity pain in the left calf, the pain is aggravated by activity and walking. Pain is rated 6/10 in intensity with medication and rated 7/10 in intensity without medication. He reports activities of daily living limitations in the following areas, activity, ambulation, sleep, and sexual orientation. On physical examination he was noted to be alert, oriented, and cooperative, in moderate distress, tenderness was noted upon palpation at the spinal vertebral area at L4 through S1 levels, range of motion of the lumbar spine was moderately limited secondary to pain, and pain was significantly increased with flexion and extension. A CT scan of the lumbar spine with 3D reformatted images dated 04/19/12 moderate foraminal stenosis based on intraforaminal discogenic changes most severe on the left at L4 to L5 and on the right at L2 to L3 and L3 to L4. There is calcification and hypertrophy in the joint capsule of the left articular facet at L5 to S1. This encroaches upon the left S1 nerve root in the lateral recess. Electromyography and nerve conduction velocity (EMG/NCV) study of the lower extremities dated 04/20/12 unobtainable bilateral peroneal sensory responses either due to bilateral peroneal sensory neuropathy versus L5 sensory nerve root dysfunction, decreased amplitude of the left posterior tibial H reflex suggestive of a left S1 sensory root dysfunction, neurogenic units in the bilateral tibialis anterior muscles and peroneus longus muscles suggestive of bilateral L5 root dysfunction, also an indication of spontaneous discharges in the left peroneus longus muscle which means that the left L5 nerve root is more actively under pressure than the right L5 root. MRI of the lumbar spine dated 12/15/11

prominent right paracentral disc protrusion at L3 to L4 and left paracentral disc at L4 to L5 levels are noted with potential for nerve root impingement at their respective levels. MRI of the cervical spine without contrast dated 08/30/10 no interval change in multi level degenerative disc disease with multi levels of bilateral neuroforaminal narrowing and diffused spinal stenosis, sparing C7 to T1. Diagnoses are lumbar radiculopathy, diabetes myelitis, gastritis, medication related dyspepsia, and chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for 1 Prescription of Tramadol HCL 50mg #120 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid's Page(s): 74-80.

Decision rationale: Current evidenced based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Documentation does not indicate significant decrease in pain scores with the use of medications. Therefore, medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician. Such as, Tramadol HCL 50mg #120 with 1 refill is not medically necessary.