

Case Number:	CM14-0155835		
Date Assigned:	09/25/2014	Date of Injury:	07/30/2004
Decision Date:	01/23/2015	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/23/2014

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 Rehab, has a subspecialty in Pain 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:

The injured worker is a 53 year-old female with a date of injury of July 30, 2004. The patient's industrially related diagnoses include left lumbar radiculopathy and cervical radiculopathy. An MRI of the lumbar spine was done on 3/30/2006 that showed L2-L3 mild degenerative disc changes and L5-S1 moderate degenerative disc disease with 4 mm disc bulge. There was a repeat MRI of L/S done 2/21/2008 and on 4/18/2012. An NCV done on 8/10/2007 revealed evidence consistent with left knee and left ankle peroneal nerve peripheral neuropathy. The disputed issues are Tramadol ER 150mg #30, Gabapentin 600mg #30, labs to monitor liver and kidney function (blood tests), and MRI of the lumbar spine. A utilization review determination on 9/12/2014 had certified the Gabapentin but non-certified the other requests. The stated rationale for the denial of Tramadol was: "Guidelines do not recommend the use of Tramadol for more than three months. Submitted documentation indicated the patient had been taking Tramadol since at least 12/2012 with reported side effects of dizziness and headaches with medication use. The patient reported improvement with medication use, however pain scale improvement appears limited and there are no objective findings of functional improvement. Due to guidelines recommendations continued use of Tramadol is not appropriate. A previous review recommended weaning of Tramadol while the patient had enough medication prescribed to complete the discontinuation of its use." The stated rationale for the certification of Gabapentin was: "Guidelines recommended Gabapentin for neuropathic pain. Submitted documentation indicated the patient has a diagnoses of cervical and lumbar radiculopathy, reported continued numbness and tingling down leg, occasional numbness and tingling in palm of left hand, decreased motor strength in the upper and lower extremity, and decreased range of motion of the cervical and lumbar spine. Due to guideline recommendations and the patients pain, Gabapentin appears appropriate." The stated rationale for the denial of lab monitoring was: "Guidelines recommend lab monitoring for

patients using NSAIDs. Submitted documentation indicated the provider requested labs to monitor liver and kidney function. However, documentation does not indicate that the patient is taking an NSAID at this time." Lastly, the stated rationale for the denial of the MRI was: "Guidelines do not recommend repeat MRI unless there is a significant change in symptoms or findings suggestive of significant pathology. Submitted documentation indicated an MRI of the lumbar spine was performed in 4/2012. Submitted documentation does not contain any information indicating significant changes in the patient's symptoms or objective findings to consider repeat MRI at this time."

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AED).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80, 94.

Decision rationale: Tramadol is a centrally acting opioid agonist and also inhibits the reuptake of serotonin and norepinephrine. It has been reclassified as a schedule IV controlled substance as of August 18, 2014. The Chronic Pain Medical Treatment Guidelines specify that this is a second line agent for neuropathic pain. Given its opioid agonist activity, it is subject to the opioid criteria specified on pages 76-80 of the guidelines. With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, there was documentation that Tramadol provided both pain relief and improvement in functional level with specific examples given. Side effects were noted to be headaches with medication use. However, there was limited discussion regarding possible aberrant drug-related behavior. While the provider stated that CURES was consistent, there was no documentation of a signed opioid agreement and no indication that a periodic urine drug screen (UDS) was completed. Based on the lack of documentation, medical necessity for Tramadol ER 150 mg #30 cannot be established at this time.

Labs to monitor liver and kidney function (Blood tests): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lab monitoring for NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Comprehensive Metabolic Panel (<http://labtestsonline.org/understanding/analytes/cmp/tab/test>)

Decision rationale: Regarding the request for labs to monitor kidney and liver function, California MTUS and ODG do not address the issue except in the case of NSAID use. The Chronic Pain Medical Treatment Guidelines state that package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. A CMP is ordered as a broad screening tool to evaluate organ function and check for conditions such as diabetes, liver disease, and kidney disease. The CMP may also be ordered to monitor known conditions, such as hypertension, and to monitor people taking NSAIDs or other specific medications for any kidney- or liver-related side effects. Within the progress reports available for review, it was documented that a prior lab test, which included a liver and kidney panel, was done on 6/12/2014. However, the injured worker is not taking a medication for which lab monitoring is recommended such as NSAID. The requesting physician did not provide a clear rationale why additional lab testing would be appropriate or indicated for the injured worker. In light of the above issues, the request for labs to monitor liver and kidney function (blood tests) are not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53, 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar and Thoracic (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRI

Decision rationale: Regarding the request for lumbar MRI, ACOEM Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. In the progress report dated 8/7/2014, there is documentation of subjective complaints of numbness and tingling down the injured worker's left leg, but there was no identification of any objective findings that identify specific nerve compromise on the neurologic exam. There was documentation that the injured worker had an MRI of the lumbar spine on 4/18/2012. The guidelines further state that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology such as tumor, infection, fracture,

neurocompression, or recurrent disc herniation. However, within the documentation, there is no documentation indicating that the injured worker's subjective complaints and objective findings have changed or worsened since the time of the most recent MRI of the lumbar spine.

Additionally, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested MRI. In the absence of clarity regarding those issues, the currently requested lumbar MRI is not medically necessary.