MAXIMUS Federal Services

Case Number:	CM14-0200743		
Date Assigned:	12/11/2014	Date of Injury:	03/05/2002
Decision Date:	03/04/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old male with a date of injury of March 5, 2002. Results of the injury include lower back pain. Diagnosis include lumbar disc herniation/stenosis/bilateral radiculopathy, left shoulder rotator cuff tendonitis/impingement, anxiety and depression, and insomnia. Treatment has included ambien, prilosec, anaprox, ultram ER, and Fexmid. Per the Utilization review form Magnetic Resonance Imaging (MRI) of the lumbar spine dated February 12, 2010 revealed L4-L5 level severe degenerative loss of disc height, a 3 mm diffuse posterior disc bulge, and a 5 mm left intraforaminal disc protrusion as well as bilateral ligamenta flava hypertrophy. There was a moderate central canal stenosis and severe left and moderate right foraminal stenosis but no definate nerve root impingement. The L3-L4 level reveals 2-3 mm diffuse posterior disc bulge that is largest to the right of midline. There is also bilateral ligamenta flava hypertrophy and a right ventral impression upon the thecal sac with mild central canal and bilateral neural foraminal stenosis. The L1-L2, L2-L3, and L5-S1 levels each reveal a small posterior disc bulge without nerve root impingement. There is moderate left and mild right L5-S1 facet arthropathy and bilateral L4-L5 facet arthropathy. Progress report dated November 4, 2014 revealed spasms and tenderness of the lumbar paraspinal muscles. Disability status was noted as permanent partial disability. The treatment plan included ambien, prilosec, norco, and a request was made for a lumbar spine epidural steroid injections L4/5 and L3/L4. Utilization review form dated November 24, 2014 non certified Tramadol Cap 150 mg # 30 due to noncompliance with MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol Cap 150MG ER #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

Decision rationale: The patient presents with lumbar spine pain. The request is for TRAMADOL CAP 150 MG ER #30. The patient has been taking tramadol as early as 07/28/2014. For chronic opiate use in general, MTUS guidelines, pages 88 and 89, states, The patient should be assessed at each visit, and functioning should be measured at six-month intervals using the numerical scale or validated instrument. MTUS, page 78, also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior) as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief.The 07/28/2014 report states that the patient rates his pain as a 7/10. Medications help decrease pain intensity down to 2/4/10 and allows for ADLs. Although the treater provides pain scales, not all 4 A's are discussed as required by MTUS guidelines. The treater provided a general statement indicating that medications allow for ADLs. However, there are no specific examples of ADLs, which demonstrate medication efficacy. There are no discussions provided on adverse behavior/side effects. There are no opiate management issues discussed such as CURES report, pain contracts, etc. No outcome measures are provided either as required by MTUS guidelines. In addition, urine drug screen to monitor for medicine compliance are not addressed. The treating physician does not provide proper documentation as outlined in the MTUS guidelines for continued opiate use. The requested tramadol IS NOT medically necessary.