

Case Number:	CM15-0009454		
Date Assigned:	03/06/2015	Date of Injury:	10/30/2012
Decision Date:	04/08/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/16/2015

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: Family Practice

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 63 year old male, who sustained an industrial injury on October 30, 2012. He has reported lower back pain, left knee pain, and sleep difficulties. The diagnoses have included musculoligamentous sprain of the lumbar spine, disc desiccation of the lumbar spine, and reduced intervertebral disc height of the thoracic spine. Treatment to date has included medications, bracing, physical therapy, shock wave therapy, and imaging studies. A progress note dated November 24, 2014 indicates a chief complaint of lower back pain. Physical examination dated October 13, 2014 showed an antalgic gait, decreased range of motion of the lumbar spine, pain and spasms with range of motion of the lumbar spine, and positive left straight leg raise. The treating physician requested a referral to a spine specialist, referral to a pain specialist, and a prescription for Tramadol. On December 14, 2014 Utilization Review certified the request for a referral to a spine specialist and denied the request for a referral to a pain specialist and a prescription for Tramadol. The California Medical Treatment Utilization Schedule, American College of Occupational and Environmental Medicine Guidelines, and Official Disability Guidelines were cited in the decisions. On January 16, 2015, the injured worker submitted an application for IMR of a request for a referral to a pain specialist and a prescription for Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 78-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93-94.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines, in the section on opioids, comment on the use of Tramadol. These guidelines state the following: Tramadol (Ultram; Ultram ER; generic available in immediate release tablet): Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is not classified as a controlled substance by the DEA. Side Effects: Dizziness, nausea, constipation, headache, somnolence, flushing, pruritus, vomiting, insomnia, dry mouth, and diarrhea. Tramadol may increase the risk of seizure especially in patients taking SSRIs, TCAs and other opioids. Do not prescribe to patients that at risk for suicide or addiction. Warning: Tramadol may produce life-threatening serotonin syndrome, in particular when used concomitantly with SSRIs, SNRIs, TCAs, and MAOIs, and triptans or other drugs that may impair serotonin metabolism. Analgesic dose: Tramadol is indicated for moderate to severe pain. The immediate release formulation is recommended at a dose of 50 to 100mg PO every 4 to 6 hours (not to exceed 400mg/day). This dose is recommended after titrating patients up from 100mg/day, with dosing being increased every 3 days as tolerated. For patients in need of immediate pain relief, which outweighs the risk of non-tolerability the initial starting dose, may be 50mg to 100mg every 4 to 6 hours (max 400mg/day). Ultram ER: Patient currently not on immediate release tramadol should be started at a dose of 100mg once daily. The dose should be titrated upwards by 100mg increments if needed (Max dose 300mg/day). Patients currently on immediate release tramadol, calculate the 24-hour dose of IR and initiate a total daily dose of ER rounded to the next lowest 100mg increment (Max dose 300mg/day). In this case the records indicate that the patient is already taking another form of Tramadol called Synapryn. Synapryn is a combination of Tramadol and Glucosamine. It is unclear what the dosing schedule is for Synapryn as this is not documented in the records. Given concerns, per the above cited guidelines regarding the maximum allowed daily dose, and the lack of clarity of the patient's dosing schedule of Synapryn adding Tramadol to the patient's regimen may exceed the MTUS recommendations. Therefore, for this reason, Tramadol is not considered as medically necessary.

Referral to pain management specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter, Office visit.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of epidural steroid injections (ESIs) as a treatment modality. The reason these guidelines are

being selected is that the medical records indicate that the rationale for referral to a pain medicine specialist is to provide an ESI for this patient's back problem. ESIs are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The following are the MTUS criteria for the use of Epidural Steroid Injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. Again, as stated above, the request for referral to a pain management specialist is based on the request for treatment with an ESI. The medical records do not show evidence of a radiculopathy as the cause of this patient's back symptoms. Without documented evidence of a radiculopathy, there is no medical indication for an ESI. Therefore, for this reason, referral to a pain management specialist is not considered as medically necessary.