

Case Number:	CM15-0100793		
Date Assigned:	06/03/2015	Date of Injury:	04/25/2011
Decision Date:	07/09/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/26/2015

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: Preventive Medicine, Occupational Medicine

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 46-year-old female, who sustained an industrial injury on 4/25/11. She reported initial complaints of lower back pain. The injured worker was diagnosed as having lumbar radiculopathy; diabetic sensory neuropathy; sleep disorder, history of obstructive sleep apnea; headaches. Treatment to date has included medications and physical therapy. Diagnostics included MRI lumbar spine (12/6/13); EMG/NCV lower extremities (12/2/14). Comorbid conditions include diabetes. She hears voices from the "Devil" and her psychiatric evaluation (10/18/2014) noted the patient had auditory hallucinations, high anxiety and maladaptive coping response to pain. Currently, the PR-2 notes dated 10/2/14 are a Panel Qualified Medical Legal Evaluation. These notes indicated the injured worker complained of low back pain radiating to the left leg and foot, however, the bilateral foot numbness and lumbar pain require her to use a cane. She indicated the pain was constant and severe. She also noted associated headaches that are severe and occurring most days. She had difficulty with sleep and required Trazadone and the use of a CPAP machine. It was reported in this documentation that the injured worker had a clinical history of diabetes, irritable bowel syndrome and sleep apnea and used a CPAP machine. The provider noted she was depressed and was crying in his office towards the end of this visit. She reported problems walking and needed the use of a cane. Current medications included Effexor, gabapentin, Norco and trazadone. On examination, power in lumbar spine was full but range of motion limited by pain; no atrophy noted; the sensory exam was reduced in the left leg but in no particular dermatome. Her reflexes were symmetrical. An EMG/NCV study (10/2/14) of lower extremities reported a normal study with no evidence of neuropathy or radiculopathy. A

MRI of the lumbar spine dated 12/6/13 shows early disc desiccation at L2-3 and L4-5 with diffuse disc protrusion with effacement of the thecal sac, disc measurements neutral 3.3 mm and at L5-S1 the diffuse disc protrusion without effacement of the thecal sac, disc measurements neutral 1.5 mm. The spinal canal and neural foraminal are patent at the lumbar spine level. The PR-2 notes used for the Utilization Review were not submitted for review. There was no documentation of a patient contract for single provider prescribing of long term opioid use nor evidence of intermittent urine drug screens to look for opioid abuse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Medications for chronic pain; Opioids Page(s): 60-1, 74-96.

Decision rationale: Tramadol is a narcotic pain reliever with mu-receptor opioid agonist activity and is used to treat moderate to severe pain. Tramadol ER is an extended release formulation of this medication. Appropriate dosing should not exceed 400 mg/day and it should be used with caution in any patient taking Selective Serotonin Reuptake Inhibitors (SSRI) as together they may cause a potentially fatal condition known as Serotonin Syndrome. There are no studies showing effective use of this medication for chronic pain that lasts greater than 3 months. However, the MTUS describes use of narcotics for control of chronic pain. Even though this is not considered a first-line therapy, the chronic use of narcotics is a viable alternative when other therapeutic modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose or death. The pain guidelines in the MTUS directly address this issue and have criteria for the safe use of chronic opioids. This patient has been on first line medications (Effexor and gabapentin) and short-acting narcotics (Norco) without control of her pain. The addition of a longer acting opioid might be appropriate. However, the safe use of chronic opioids requires a patient drug contract and monitoring for abuse. There is no documentation that this is being done. Additionally, the patient's mental instability and abnormal coping response to pain suggest use of chronic opioids in this patient may not be in the patient's best interest. Finally, use of Tramadol ER in a patient taking Effexor puts the patient at risk of a life-threatening serotonin syndrome reaction. Considering all the above information, medical necessity for use of this medication has not been established.