

Case Number:	CM15-0102220		
Date Assigned:	06/04/2015	Date of Injury:	06/11/2013
Decision Date:	07/10/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 59 year old male sustained an industrial injury to the neck and low back on 6/11/13. Previous treatment included lumbar surgery times two and medications. Magnetic resonance imaging lumbar spine (6/17/13) showed disc herniation and disc bulge with narrowing of neural foramina. Magnetic resonance imaging cervical spine (10/21/13) showed disc bulge with stenosis. Electromyography bilateral upper extremities showed no cervical radiculopathy and mild left hand carpal tunnel syndrome. In a PR-2 dated 4/7/15, the injured worker complained of pain to the low back with radiation down the left leg to the ankle associated with numbness as well as neck pain. The injured worker rated his pain 6/10 on the visual analog scale with medications and 9/10 without. Physical exam was remarkable for tenderness to palpation to the cervical musculature, trapezius musculature and lumbar spine paraspinal musculature with spasm with decreased range of motion to the cervical spine and lumbar spine, 4/5 strength to bilateral lower extremities and decreased sensation to bilateral lower extremities. The injured worker ambulated using a single point cane. Current diagnoses included lumbar spine radiculopathy, lumbar disc disease, cervical disk herniation, cervicalgia, spasm of muscle and long term use of medications. The physician noted that the injured worker received prescriptions for Methadone from another provider. The treatment plan included refilling medications Neurontin, Tramadol ER (prescribed since at least 10/16/14), Lidocaine patches, Fenipofen ointment and Flurbiprofen cream and increasing the dosage of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #50: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p 8, (2) Opioids, criteria for use, p 76-80 (3) Opioids, dosing, p 86.

Decision rationale: The claimant sustained a work-related injury in June 2013 and continues to be treated for neck and radiating low back pain. Medications are referenced as decreasing pain from 9/10 to 6/10 and allowing for improved activities of daily living and ability to perform activities such as grocery shopping. When seen, there was decreased spinal range of motion with muscle tenderness and spasms and an antalgic gait using a cane. There was decreased lower extremity strength and sensation. Tramadol ER and Norco were prescribed at a total MED (morphine equivalent dose) of 80 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol ER is a sustained release formulation and would be used to treat baseline pain which is present in this case. The requested dosing is within guideline recommendations and providing pain control and improved function. In this case, there are no identified issues of abuse or addiction. Therefore, the continued prescribing of Tramadol ER was medically necessary.