

Case Number:	CM15-0105699		
Date Assigned:	06/10/2015	Date of Injury:	01/11/2006
Decision Date:	07/10/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/01/2015

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: 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 was a 44 year old male, who sustained an industrial injury, January 11, 2006. The injury was sustained while in the injured worker was lifting at work. The injured worker previously received the following treatments lumbar spine MRI, random toxicology laboratory studies without unexpected results, Norco, Tramadol, Mirtazapine, aquatic therapy, home exercise program, Tramadol and Wellbutrin. The injured worker was diagnosed with bilateral L5 radiculopathy, right S1 radiculopathy, depression, anxiety and chronic thoracolumbar myofascial pain syndrome. According to QME note of March 31, 2015, the injured workers chief complaint was moderate to severe back pain. The injured worker was in need of surgery bilateral L5 and right S1 radiculopathy and surgical decompression at the L4-L5 and L5-S1 levels. The injured worker's average pain level was 6 out of 10. The injured worker reported a 70-80% improvement in both overall pain and function ability with current medications which decreased the pain to 2- 3 out of 10. The physical examination noted the range of motion was slightly restricted at the thoracic spine with flexion and extension. The lumbar spine was moderately restricted in all planes. There were multiple myofascial trigger points and taut bands noted throughout the thoracic and lumbar paraspinal musculature and gluteal muscles. The injured worker was unable to perform toe gait with the right foot. The sensation to fine pin prick was decreased in the posterior aspect of the right thigh and calf as well as in the dorsum and planter surfaces of the right foot. The treatment plan included 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 HCL ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Tramadol HCL ER 150mg #90 is not medically necessary and appropriate.