

<b>Case Number:</b>	CM15-0106730		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	01/12/2015
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: Internal 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:

This 60 year old female sustained an industrial injury on 1/12/15. She subsequently reported right leg and back pain. Diagnoses include right hip joint pain and lumbar radiculopathy. Treatments to date include x-ray and MRI testing, injections, physical therapy, chiropractic care and prescription pain medications. The injured worker continues to experience low back pain with radiation to the bilateral lower extremities. Upon examination, lumbar tenderness and spasm was noted, tenderness of the right gluteus medius/ posterior hip was noted. Lumbar range of motion was reduced. Supine straight leg raise was positive on the right. A request for Tramadol medication and Magnetic resonance imaging (MRI) of the lumbar spine was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER (extended release) 150mg, #60 (1-2 by mouth every day):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids; Opioids for chronic pain; Opioids, specific drug list - Tramadol (Ultram; Ultram ER; generic available in immediate release tablet).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Pages 93-94, 113, 123.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address Ultram (Tramadol). Ultram (Tramadol) is indicated for the management of moderate to moderately severe pain. MRI magnetic resonance imaging of the lumbar spine report dated 3/18/15 reported the following impression: (1) A 3 mm broad-based posterior disc bulge at L3-4. Mild central canal stenosis. Mild degenerative disc disease. Mild bilateral neural foraminal stenosis. (2) A 4-5 mm broad-based posterior disc protrusion at L4-5 accentuated to the left. Mild effacement of ventral thecal sac. Facet arthropathy and ligamentum flavum hypertrophy. Moderate central canal stenosis. Moderate left and mild right neural foraminal stenosis. Mild degenerative disc disease. (3) Mild bilateral neural foraminal stenosis at L5-S1 secondary to facet arthropathy. The orthopedic report dated May 6, 2015 documented subjective complaints constant low back pain, which radiates down the lower extremities. The diagnosis was persistent back pain radiating to right lower extremity. Medical records document objective physical examination findings. Medical records documented objective evidence of pathology on MRI magnetic resonance imaging studies. Medical records document regular physician clinical evaluations and monitoring. Per MTUS, Tramadol (Ultram) is indicated for the management of moderate to moderately severe pain. MTUS guidelines support the prescription of Tramadol (Ultram). Therefore, the request for Tramadol is medically necessary.

**Magnetic resonance imaging (MRI) of the lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 308-310.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses magnetic resonance imaging MRI of the lumbosacral spine. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints states that relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false-positive test results). Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308-310) recommends MRI when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. MRI magnetic resonance imaging of the lumbar spine report dated 3/18/15 reported the following impression: (1) A 3 mm broad-based posterior disc bulge at L3-4. Mild central canal stenosis. Mild degenerative disc disease. Mild bilateral neural foraminal stenosis. (2) A 4-5 mm broad-based posterior disc protrusion at L4-5 accentuated to the left. Mild effacement of ventral thecal sac. Facet arthropathy and ligamentum flavum hypertrophy. Moderate central canal stenosis. Moderate left and mild right neural foraminal stenosis. Mild degenerative disc disease. (3) Mild bilateral neural foraminal stenosis at L5-S1 secondary to facet arthropathy. The orthopedic report dated May 6, 2015 documented a lumbar spine physical examination. The patient can flex to 50 degrees and extend to 20 degrees. Bending is 20 degrees to the right and 20 degrees to the left. The lumbar spine is stable.

Stability is intact. Strength is maintained in all lower extremity myotomes. The straight leg raise maneuver is negative bilaterally. Reflexes are 1 to 2+ and symmetrical, at the patellar and Achilles regions. No pathological reflexes are present. Coordination and balance are intact as the patient, can stand without external aid with eyes closed. X-rays four views of the patient's lumbar spine taken 5/6/15 including dynamic flexion and extension views show osteopenia. There is a very slight spondylolisthesis at L4-5. Outside of this, there is no particular abnormality. The orthopedic report dated May 6, 2015 did not report a new injury to the lumbar spine. No suspicion of cauda equina, tumor, infection, or fracture were documented. MRI of the lumbar spine was performed on 3/18/15. The need for a repeat MRI was not established in the 5/6/15 orthopedic report. Therefore, the request for a repeat MRI of the lumbar spine is not medically necessary.