

Case Number:	CM15-0108429		
Date Assigned:	06/15/2015	Date of Injury:	08/22/2013
Decision Date:	07/14/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/05/2015

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 is a 52 year old female, who sustained an industrial injury on 8/22/13. She has reported initial complaints of pain in the right ankle with limping, low back pain, right foot pain, hips and knees pain bilaterally. The diagnoses have included rule out lumbar intradiscal component, rule out lumbar radiculopathy and chronic tibial tendon tenosynovitis. Treatment to date has included medications, activity modifications, orthopedic consult, orthotics, lumbar support, ace wraps and other modalities. Currently, as per the physician progress note dated 4/27/15, the injured worker complains of low back pain with right lower extremity (RLE) symptoms, right wrist pain and right ankle pain rated 7-8/10 on pain scale. The objective findings reveal lumbar spine tenderness, lumbar range of motion is flexion 40 degrees, extension 35 degrees, left and right lateral tilt 35 degrees and left rotation 30 degrees. There is a positive straight leg raise on the right to pain in the foot at 35 degrees. There is diminished sensation in the right L5 and S1 dermatomal distributions. There is also lumbar spasm noted. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine dated 4/27/15 reveals bulge in the annulus, degenerative change of facet joints with minimal fluid within the joint capsule. There is a right dorsal inferior synovial cyst; there is a disc bulge and central annular fissure. The current medications included Tramadol, Cyclobenzaprine, Naproxen and Pantoprazole. The urine drug screen dated 4/27/15 was inconsistent with the medications prescribed. The physician requested treatments included Consultation with spine surgeon for potential lumbar surgery and Tramadol ER 100mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with spine surgeon for potential lumbar surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12, "Low Back Complaints", page 305.

Decision rationale: Recent lumbar spine MRI on 4/27/15 showed 2 mm disc bulges at L4-L5 and L5-S1 without significant central canal, lateral recess, or neural foraminal stenosis. Submitted report has not shown progressive change in chronic pain symptoms, deteriorating clinical findings, acute flare-up or new injuries for this chronic injury of August 2013. Submitted reports have not demonstrated any surgical lesion or indication for surgical consult. Examination has no correlating neurological deficits with MRI findings to render surgical treatment nor is there any current diagnostic study remarkable for any surgical lesion. Medical necessity has not been established for neurosurgical consult. The Consultation with spine surgeon for potential lumbar surgery is not medically necessary and appropriate.

Tramadol ER 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

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

Decision rationale: Pain symptoms and clinical findings remain unchanged for this chronic injury. 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 returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. 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. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Tramadol ER 100mg #60 is not medically necessary and appropriate.

