

<b>Case Number:</b>	CM15-0135028		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	06/29/2012
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: Georgia, California, Texas

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 34 year old male who sustained a work related injury June 29, 2012. An MRI of the lumbar spine, dated May 28, 2013, revealed interval resolution of the right L4-5 disc protrusion, minimal left posterior lateral L5-S1 disc bulge. According to a physician's progress report, dated June 4, 2015, the injured worker presented for ongoing back pain unchanged for the past year. The pain is rated 5 out of 10 and described as aching and stabbing. Examination of the lumbar spine revealed paraspinous tenderness, muscle tone is normal range of motion with mild restriction, and lateral flexion with no restriction. Passive range of motion is restricted due to pain. There is decrease sensation in the lower leg to light touch, bilateral lateral thighs. Impressions are herniated nucleus pulposus without myelopathy, lumbar; sciatica; lumbosacral disc degeneration; radiculitis, left. At issue, is the request for authorization for work conditioning and hardening, 8 visits, and Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work conditioning/Hardening, 8 visits: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 226, Chronic Pain Treatment Guidelines Work conditioning, work hardening.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125-126 of 127.

**Decision rationale:** Per the submitted documentation, the injured worker has not worked since one week following his industrial injury in June 2012. Previous job is described as construction worker, requiring heavy lifting. He has been unable to find a modified duty job. Symptoms persist despite conservative treatments including medications, chiropractic care, epidural steroid injections, DME, and physical therapy. Surgery was not recommended. Request for a spinal cord stimulator trial was denied. Current treatment includes opioid pain medication. Following evaluation on 06/04/15 a course of work hardening was recommended. MTUS does not recommend work hardening for patients who are greater than 2 years post injury, noting that workers who have not returned to work during this interval may not benefit. Because the injured worker is greater than 3 years post injury, he is not considered a candidate for work hardening by MTUS. Medical necessity is not established for the requested work hardening program.

**Tramadol 50 mg Qty 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, table 12-8, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain Page(s): 78-81 of 127.

**Decision rationale:** MTUS notes no trials of long-term opioid use for neuropathic pain. Concerning chronic back pain, MTUS states that opioid therapy "appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." MTUS states monitoring of the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs. Per the most recent clinical note from 06/04/15, the injured worker reports 6/10 pain in the low back and lower extremity, which is relieved 50% by over-the-counter medication. Despite symptoms of radiculitis, no trial of medication for neuropathic pain is documented. He has not returned to work, and specific functional improvement is not documented with long-term opioid use. Monitoring for evidence of aberrant medication behavior, using pill counts, drug screens, or CURES reports, is not documented. A signed narcotic pain agreement is not documented. Due to lack of documentation that more conservative treatments have been exhausted, lack of documented specific functional improvement with opioid therapy, and lack of documented narcotic medication agreement or monitoring for evidence of aberrant medication behavior, the requested tramadol fails to meet MTUS recommendations concerning opioid treatment for chronic pain. Medical necessity is not established for the requested tramadol.