

Case Number:	CM15-0142714		
Date Assigned:	08/03/2015	Date of Injury:	03/19/2014
Decision Date:	09/08/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/23/2015

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 38 year old male, who sustained an industrial injury on March 19, 2014, incurring low back injuries after lifting a heavy car engine. He was diagnosed with lumbar herniation, lumbar radiculopathy, and lumbar facet arthropathy. Treatment included physical therapy, acupuncture, home exercise program, anti-inflammatory drugs, pain medications, laxatives, topical analgesic cream, neuropathic medications, lumbar facet injections, and activity restrictions. Currently, the injured worker complained of persistent stabbing pain radiating into the right buttock with cramping. He noted prolonged standing increased his pain. The treatment plan that was requested for authorization 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/APAP 37.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89, 80, 81.

Decision rationale: The patient presents on 05/29/15 with lower back pain dated 1/10, 40 percent improved from recent course of physical therapy. The patient's date of injury is 03/19/14. Patient is status post lumbar facet injections at L4-L5 and L5-S1 levels on 02/18/15. The request is for TRAMADOL/APAP 37.5/325MG #60. The RFA was not provided. Physical examination dated 05/29/15 reveals positive straight leg raise test on the right with numbness/tingling elicited in the toes, positive facet loading on the right, and decreased sensation along the S1 dermatome in the right lower extremity. The patient is currently prescribed Ultracet, Naproxen, Senna, and Nortriptyline. Diagnostic imaging included lumbar MRI dated 05/09/14, significant findings include: "Mild degenerative disc changes with shallow non-compressive disc bulging affects L5-S1 and L4-L6. Multilevel mild bilateral facet arthrosis." Patient's current work status is not provided. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regard to the continuation of Ultracet for the management of this patient's chronic pain, the request is not indicated per MTUS. This patient has been prescribed Ultracet since at least 12/09/14. The treater does provide documentation of the four A's including 40 percent analgesia through the use of medications and physical therapy. Addressing ADL's, it is mentioned that medications allow for reduced pain and improved quality of sleep. However, this is not a significant ADL change. More specific details or the use of appropriate measures are needed to show significant change in ADL's per MTUS. The provider notes that the most recent urine drug screening collected 04/16/15 was consistent with this patient's prescribed medications and notes a lack of aberrant behavior. Addressing long-term opioid use for uncomplicated lower back pain, MTUS p80, 81 also states the following: Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Long-term use of opiates may be indicated for nociceptive pain per MTUS, stating, "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is presumed to be maintained by continual injury resulting in nociceptive pain. The request IS NOT medically necessary and the patient should be slowly weaned off of this medication.