

Case Number:	CM15-0145756		
Date Assigned:	08/07/2015	Date of Injury:	09/13/2000
Decision Date:	09/04/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/28/2015

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: Texas, Florida, California
 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 72 year old male, who sustained an industrial injury on September 13, 2000. He reported low back pain radiating to bilateral lower extremities. The injured worker was diagnosed as having extensive lumbar degenerative disc disease with compression of the exiting right lumbar 3 nerve root revealed on magnetic resonance imaging on April 11, 2015, myoligamentous strain of the lumbar spine and lumbar multi-level disc desiccation, annular tear and disc protrusions evidenced by magnetic resonance imaging (MRI) on May 23, 2011. Treatment to date has included diagnostic studies, physical therapy, aquatic therapy, epidural injections, acupuncture, chiropractic care, radiographic imaging, medications and activity restrictions. Currently, the injured worker continues to report low back pain radiating to the bilateral lower extremities with radicular symptoms. The injured worker reported an industrial injury in 2000, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on February 10, 2014, revealed continued pain with associated symptoms as noted. It was noted he had failed multiple conservative therapies and topical compounded medications. A surgical consultation was recommended. Evaluation on January 5, 2015, revealed continued pain as noted. He reported lumbar pain radiating to bilateral lower extremities with intermittent pins and needles feelings, left worse than right, radiating to the feet. He reported walking with a cane and reported bilateral intermittent shoulder pain. It was noted he was not working. Ultracet was continued. Evaluation on March 9, 2015, revealed continued pain as noted. Evaluation on April 22, 2015, revealed continued pain as noted. There was no indication of a pain assessment including a numerical scale to rate the pain,

efficacy of the medication or duration of efficacy of the medication. Ultracet was continued. Evaluation on May 27, 2015, revealed continued pain as noted. There was no indication of a pain assessment including a numerical scale to rate the pain, efficacy of the medication or duration of efficacy of the medication. Evaluation on June 15, 2015, revealed continued pain as noted. He rated his pain at 8 on a 1-10 scale with 10 being the worst. Ultracet was continued. Retrospective Tramadol/Acetaminophen 37.5/325mg #120, dosage/frequency/number of refills not specified, dispensed 5/27/15 was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tramadol/Acetaminophen 37.5/325mg #120, dosage/frequency/number of refills not specified, dispensed 5/27/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of medications, on-going management, opioids for chronic pain Page(s): 124, 78, 80-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter (chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 12, 13, 83 and 113 of 127.

Decision rationale: This claimant was injured 15 years ago with extensive lumbar degenerative disc disease. myoligamentous strain of the lumbar spine, lumbar multi-level disc desiccation, annular tear and disc protrusions. There was continued low back pain. There was no indication of a pain assessment including a numerical scale to rate the pain, efficacy of the medication or duration of efficacy of the medication. Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long-term studies to allow it to be recommended for use past six months. A long-term use of the medication is therefore not supported. The request is not certified. Therefore, the requested treatment is not medically necessary.