

Case Number:	CM15-0147894		
Date Assigned:	08/10/2015	Date of Injury:	11/08/2013
Decision Date:	09/14/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/29/2015

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 was a 56 year old male, who sustained an industrial injury, November 8, 2013. The injury was sustained when the injured worker stepped down hard onto the left leg. The following day there was a bruise in the inner thigh of the left leg. The injured worker was walking up stairs and noticed a sharp pain and tingling in the back, which radiated into the lower extremities down to the foot area. The injured worker previously received the following treatments EMG and NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral lower extremities showed moderate right AL5 and S1 radiculopathy, Naproxen, Flexeril, Tramadol, Norco and lumbar spine CT scan. The injured worker was diagnosed with lumbar disc syndrome and right leg radiculopathy. According to progress note of July 7, 2015, the injured worker's chief complaint was low back and right leg pain. The injure worker rated the pain at 8 out of 10. The physical exam noted tenderness in the lumbar musculature, right greater than the left. There were moderate spasms with palpation in the lumbar region. The range of motion of the lumbar spine was decreased, flexion of 45 degrees and extension of 15 degrees, with a complaint of pain at the end ranges. The straight leg raises were positive at 45 degrees bilaterally. The Faber's test was positive bilaterally. The treatment plan included a prescription renewal for Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Tramadol Page(s): 60, 61, 76-78, 88, 89, 113.

Decision rationale: Based on the 07/07/15 progress report provided by treating physician, the patient presents with low back and right leg pain rated 8/10. The request is for Tramadol 50 mg qty 30. RFA with the request not provided. Patient's diagnosis on 07/07/15 includes lumbar disc syndrome and right leg radiculopathy. Physical examination to the lumbar spine on 07/07/15 revealed spasms and tenderness to palpation. Range of motion was decreased, especially on extension 15 degrees. Positive straight leg raise test bilaterally. Recent EMG/NCVs, per 07/07/15 report "show a moderate right L5/S1 radiculopathy." Treatment to date has included imaging and electrodiagnostic studies, and medications. Patient's medications include Tramadol, Flexeril and Naproxen. The patient is off work and remains temporarily totally disabled, per 07/07/15 report. Treatment reports were provided from 07/22/14-07/07/15. MTUS Guidelines pages 88 and 89 states, "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 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. MTUS p 77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Pages 80, 81 of MTUS also states, "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Tramadol (Ultram) has been included in patient's medications, per progress reports dated 08/12/14, 04/13/15 and 07/07/15. It is not known when this medication was initiated. In this case, treater has not stated how Tramadol reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDS's, opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Furthermore, MTUS does not clearly support chronic opiate use for this kind of condition, chronic low back pain and radiculopathy. Given the lack of documentation as required by guidelines, the request is not medically necessary.