

Case Number:	CM15-0160239		
Date Assigned:	08/26/2015	Date of Injury:	02/15/2012
Decision Date:	09/29/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/17/2015

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: Emergency 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 59-year-old male, who sustained an industrial injury on 2-15-12. Initial complaints were not reviewed. The injured worker was diagnosed as having cervicalgia; lumbago; left ear tinnitus; hearing loss. Treatment to date has included chiropractic therapy; acupuncture; physical therapy; epidural steroid injections; medial branch blocks (4-30-15); urine drug screening; medications. Currently, the PR-2 notes dated 7-7-15 indicated the injured worker complains of low back pain and neck pain. He reports that for the last few days, his lower back pain has been worse after he did some yard work last week. He has started acupuncture therapy with two sessions so far. He will continue to complete his courses of 12 sessions. On visual pain scale he rates his pain as 4 out of 10 for the neck and 5 out of 10 for the lower back pain. On physical examination, straight leg raise, Patrick's and Spurling's test were all negative. Facet loading test was positive. There is tenderness to palpation noted over the cervical paraspinal musculature and lumbar paraspinal musculature. The provider's treatment plan included a request for radiofrequency ablation of L4-L5 and L5-S1 facet joints. He reports he has undergone diagnostic medial branch blocks on 4-30-15. As a result of the test, it was positive based on his response to the injection which caused significant pain relief for a few hours after the injection that indicated the origin of the pain was from the facet joints. He also is requesting random urine drug screening. The provider is requesting authorization of Tramadol 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Opioids, Criteria for Use, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113 Page(s): 78-82, 113.

Decision rationale: The requested Tramadol 50mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has pain as 4 out of 10 for the neck and 5 out of 10 for the lower back pain. On physical examination, straight leg raise, Patrick's and Spurling's test were all negative. Facet loading test was positive. There is tenderness to palpation noted over the cervical paraspinal musculature and lumbar paraspinal musculature. The provider's treatment plan included a request for radiofrequency ablation of L4-L5 and L5-S1 facet joints. He reports he has undergone diagnostic medial branch blocks on 4-30-15. Because of the test, it was positive based on his response to the injection, which caused significant pain relief for a few hours after the injection that indicated the origin of the pain was from the facet joints. The treating physician has not documented: failed first-line opiate trials, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Tramadol 50mg #60 is not medically necessary.