

<b>Case Number:</b>	CM15-0160313		
<b>Date Assigned:</b>	08/26/2015	<b>Date of Injury:</b>	02/03/1989
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 52 year old male, who sustained an industrial injury on 2-3-89. The diagnoses have included chronic pain syndrome, lumbar disc degeneration, lumbar disc displacement, lumbar radiculopathy, lumbar spinal stenosis and cervical disc displacement. Treatment to date has included medications, activity modifications, diagnostics, acupuncture, surgery, and other modalities. Currently, as per the physician progress note dated 7-2-15, the injured worker complains of neck pain that radiates down the bilateral upper extremities with tingling in the upper extremities to the shoulders and down to the wrists and hands. There is also low back pain that radiates down the bilateral lower extremities to the feet and toes. He also reports difficulty with sleeping and activities of daily living (ADL) due to pain. The pain is rated 9 out of 10 on pain scale with medications and 9 out of 10 without medications. The injured worker reports that the pain has worsened since the last visit. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical spine and Magnetic Resonance Imaging (MRI) of the lumbar spine. The current medications included Amitriptyline, Gabapentin, Omeprazole, Celecoxib, Eszopiclone, and Tramadol. The urine drug screen dated 6-26-15 was inconsistent with the medications prescribed. The objective findings-physical exam of the cervical spine reveals tenderness, significantly increased pain with cervical extension and rotation, and decreased touch sensation in the bilateral upper extremities. The lumbar exam reveals tenderness, limited lumbar range of motion due to pain, significant increase of pain with lumbar flexion and extension, decreased sensitivity in the bilateral lower extremities, and positive straight leg raise in seated position bilaterally at 45 degrees. The physician requested

treatments included Tramadol 50mg #180 for pain and Initial chiropractic 2 times a week for 4 weeks for a total 8 visits for the lumbar spine.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Tramadol 50mg #180: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Online version, Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

**Decision rationale:** CA MTUS states that Tramadol is a synthetic opioid that acts on the central nervous system and is used for patients with moderate to severe pain. In this case, the patient has tried multiple opioids, including Nucynta, MS Contin, Oxycontin and Percocet, which have all failed to provide significant pain relief or functional improvement or return to work. Opioids are not recommended for the treatment of chronic pain, however this patient has been prescribed numerous opioids for chronic use for at least the past 5 years. There has been no evidence of significant pain relief, improved functional capacity, or return to work. In this case, after numerous failures of other opioids there is little expectation that Tramadol would be effective 26 years post-injury. Therefore the request is not medically necessary or appropriate.

#### **Initial chiro 2x4 total 8 visits: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

**Decision rationale:** MTUS Guidelines state that chiropractic is recommended for 1-2 visits every 4-6 months in chronic pain patients. In this case, there is no evidence that previous chiropractic treatments allowed return to work. In addition, no functional improvement or decreased medication utilization was documented. There is no current evidence for a flare-up justifying chiropractic treatment. The request for 8 sessions exceeds guidelines. A home exercise program should be instituted if not already in effect for this patient. The request is not medically necessary or appropriate.