

<b>Case Number:</b>	CM15-0167665		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	09/23/2013
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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 64 year old male, who sustained an industrial injury on 9-23-2013. Diagnoses have included lumbar radiculopathy and degenerative disc disease of the lumbar spine. Treatment to date has included chiropractic treatment, a functional restoration program and medication. According to the orthopedic progress report dated 7-29-2015, the injured worker reported no improvement with his self-treatment. Physical exam revealed tenderness to palpation of the thoracic spine with mild limitation of motion. There was tenderness to palpation of the lumbar spine and increased pain with lumbar motion. There was patchy, decreased sensation of the both lower extremities. Authorization was requested for Tramadol and transportation to and from facility for lumbar epidural steroid injection.

### 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 Opioids Page(s): 76-80, 93, and 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain, and Tramadol 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 reported no improvement with his self-treatment. Physical exam revealed tenderness to palpation of the thoracic spine with mild limitation of motion. There was tenderness to palpation of the lumbar spine and increased pain with lumbar motion. There was patchy, decreased sensation of the both lower extremities. The treating physician has not documented failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, and 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.

**Transportation to and from facility for lumbar epidural steroid injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Back (Acute and Chronic), Transportation (to & from appointments).

**Decision rationale:** The requested Transportation to and from facility for lumbar epidural steroid injection, is not medically necessary. CA MTUS is silent on this issue. Official Disability Guidelines, Knee and Leg, Back (Acute and Chronic), Transportation (to & from appointments) note that transportation is "Recommended for medically- necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport." The injured worker reported no improvement with his self-treatment. Physical exam revealed tenderness to palpation of the thoracic spine with mild limitation of motion. There was tenderness to palpation of the lumbar spine and increased pain with lumbar motion. There was patchy, decreased sensation of the both lower extremities. The treating physician has not documented detailed information as to disabilities preventing the injured worker from self transport, or access to public transportation or access to family/friends providing necessary transportation. The criteria noted above not having been met, Transportation to and from facility for lumbar epidural steroid injection is not medically necessary.