

Case Number:	CM15-0168260		
Date Assigned:	09/09/2015	Date of Injury:	04/08/2001
Decision Date:	10/13/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/27/2015

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 is a 46-year-old male, who sustained an industrial injury on 4-08-01. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar spine musculoligamentous sprain from L4 through S1. Treatment to date has included status post L5-S1 IDET (4-2002); status post L4 to S1 rhizotomy performed on 1-26-15; physical therapy; lumbar rhizotomy (3-4-09; 1-26-10; 6-12-15); medications. Currently, the PR-2 notes dated 6-24-15 indicated the injured worker is a status post lumbar rhizotomy on 6-12-15 with notes 70 to 75% improvement. He has a follow-up with that provider who performed the procedure on 7-15-15. The provider documents a diagnosis of lumbar spine musculoligamentous sprain from L4 through S1 per MRI lumbar dated June 2005 and an L4 to S1 rhizotomy performed on 3-4-09; 1-26-10 and 6-12-15. He also has an IDET procedure L5-S1 in April 2002. The injured worker rates his pain on this day as 1-2 out of 10 on the pain scale and describes symptoms of mild, intermittent with burning and numbness of the lumbar region. The provider released the injured worker and he can return as needed. He notes he has adequate medications on this date. A Request for Authorization is dated 9-8-15. Utilization Review letter is dated 8-19-15 and non-certification was for Tramadol ER 150mg #60 and was modified for a quantity Tramadol ER 150mg #45 between 8-12-15 and 10-16-15. Documentation suggests the injured worker has been prescribed Tramadol since 2012. The provider is requesting authorization of Tramadol ER 150mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Based on the 6/24/15 progress report provided by the treating physician, this patient presents with mild intermittent lumbar pain rated 1-2/10 on VAS scale with numbness/burning. The treater has asked for TRAMADOL ER 150MG #60 but the requesting progress report is not included in the provided documentation. The patient's diagnoses per request for authorization dated 8/12/15 are lumbar spine musculoligamentous sprain from L4 through S1 with 2mm disc protrusion per MRI scan dated June 2005 and L4 to S1 rhizotomy performed on 1/26/10 by [REDACTED], s/p L5-S1 IDET procedure in April 2002, and s/p L4 through S1 rhizotomy performed on 3/4/09 with history of prior rhizotomies. The patient is s/p lumbar rhizotomy on 6/12/15 with 70 to 75% improvement per 6/24/15 report. The patient's pain has not returned to pre-flare up levels following the rhizotomy per 6/24/15 report. The patient's current medications include Ultram and Fexmid per 6/24/15 report. The patient is to continue with a home exercise program per 5/15/15 report. The patient's work status is currently working and returned to usual and customary duties per 5/15/15 report. MTUS, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, 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, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 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." The treater does not discuss this request in the reports provided. Patient has been taking Ultram since 12/11/14 and in reports dated 2/3/15, 3/13/15 and 6/24/15 report. It appears the patient has been taking Ultram for at least 7 months. MTUS requires appropriate discussion of all the 4A's. The treater states that standing/walking ability increases from 10 hours to 14 hours with use of Ultram and Fexmid per 6/24/15 report. The treater states that pain reduces from 7/10 to 1/10 with use of all medications for duration of 14 hours. However, in addressing the 4A's, the treater does not specifically discuss how this medication significantly improves patient's activities of daily living. There is no UDS, no CURES and no opioid contract provided. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. In addition, MTUS states that opioid treatment for chronic low back pain appears to be limited and that long-term efficacy (greater than 16 months) is unclear. Therefore, the request IS NOT medically necessary.