MAXIMUS Federal Services

Case Number:	CM15-0184285		
Date Assigned:	09/24/2015	Date of Injury:	11/06/2010
Decision Date:	11/06/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/18/2015

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 54 year old male who sustained an industrial injury on 11-6-10. The injured worker reported low back discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for spondylolisthesis at L4-5, herniated nucleus pulposus of lumbar spine and facet arthropathy of lumbar spine. Medical records dated 8-18-15 indicate pain rated at 6 out of 10. Provider documentation dated 8-18-15 noted the work status as permanent and stationary. Treatment has included status post right knee surgery (2011), Tylenol since at least June of 2015, at least 25 sessions of acupuncture treatment, injection therapy, at least 20 sessions of chiropractic treatments, transcutaneous electrical nerve stimulation unit, physical therapy, muscle relaxants, Ketoprofen, Codeine, Relafen, Tramadol since at least February of 2015, LidoPro topical ointment since at least February of 2015, Menthoderm Gel, use of a cane and lumbar corset. Objective findings dated 8-18-15 were notable for antalgic gait, lumbar paraspinals tenderness to palpation, decreased lumbar spine range of motion with normal sensation in the bilateral lower extremities. The original utilization review (9-16-15) denied a request for Tramadol Acetaminophen 37.5-325 milligrams quantity of 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/Apap 37.5/325mg #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: The 54 year old patient complains of lower back pain, rated at 6/10, along with right knee pain and difficulty sleeping, as per progress report dated 08/18/15. The request is for Tramadol/APAP 37.5/325mg #60. The RFA for this case is dated 08/18/15, and the patient's date of injury is 11/06/10. Diagnoses, as per progress report dated 08/18/15, included grade I spondylolisthesis, multiple HNP of lumbar spine, lumbar facet arthropathy, and h/o of left club foot. Medications include Tramadol, Prilosec, Cymbalta and Nabumetone. The patient is status post right knee surgery in 2011, as per progress report dated 06/29/15. Diagnoses, as per this report, included lumbar spondylosis, lumbar herniated disc, lumbar spinal stenosis, lumbar degenerative disc disease, lumbago, bilateral sacroiliitis, and right knee pain. The patient is not working, as per progress report dated 08/18/15. 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, criteria for use of opioids section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." 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, page113 regarding 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. In this case, Tramadol is first noted in AME report dated 05/03/13. It is not clear when opioids were initiated. However, it appears that the treater has requested the medication consistently in the recent past. As per progress report dated 08/18/15, medications lead to 50% pain relief without any side effects. The patient noted he is more active while on these medications. The treater, however, does not provide specific examples that indicate improvement in the patient's ability to perform ADLs due to the use of this medication. MTUS requires specific examples that indicate an improvement in function and states that "function should include social, physical, psychological, daily and work activities." Furthermore, MTUS requires adequate discussion of the 4A's to include the impact of opioid in analgesia, ADL's, adverse effects, and aberrant behavior. No UDS and CURES reports are available for review. There is no discussion regarding side effects of Tramadol as well. In this case, treater has not addressed the 4A's adequately to warrant continued use of this medication. Additionally, MTUS p80, 81 states regarding chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard

of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." Hence, the request is not medically necessary.