MAXIMUS Federal Services

Case Number:	CM15-0186835		
Date Assigned:	09/28/2015	Date of Injury:	06/24/2002
Decision Date:	11/03/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/22/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 45 year old male who sustained an industrial injury on 06/24/2002. Medical records indicated the worker was treated for low back pain with radiation into the right extremity and for an umbilical hernia. He has history of being status post lumbar surgery x3. The worker has received physical therapy, acupuncture, and had work restrictions without improvement. In the provider notes of 08-11-2015, the injured worker is seen for constant dull achy low back pain with frequent episodes of sharp shooting pain that radiates down the lower extremity. The lower extremity pain is described as a burning sensation with numbness and tingling. He has continued complaints of pain along a umbilical hernia surgical site that increase with coughing or sneezing. He reports anxiety, depression and bouts of insomnia secondary to chronic pain. Current prescriptions include Tramadol (since 06-25-2015), Neurontin, Ultram ER and Voltaren and Cymbalta. Prior to the office visit of 06-25-2015, the worker was reported to have been taking Norco 10-325, one tablet every six hours as needed for pain. The worker has a signed opioid agreement. On exam, there is tenderness of the lumbar paraspinal musculature with taunt muscle band noted in the absence of spasm from L3-L5 Range of motion of forward flexion is 40 degrees with extension 10 degrees. He has a positive straight leg raise on the right at 60 degrees. There is slight motor weakness on the left quadriceps. The worker reports he feels Neurontin has been effective in control of neuropathic pain, Voltaren improves his stiffness, especially in the morning or after prolonged sitting, and tramadol gave effective pain relief reducing his pain from 8 on a scale of 0-10 a down to a 3. Cymbalta significantly reduces his anxiety, burning pain, and depression. Medication allows him to live an independent and

active lifestyle with no reported side effects of the medication. A request for authorization was submitted for Tramadol 50mg po TID #180 for 2 months. A utilization review decision 08/26/2015 approved a modified certification for Tramadol to #90 for purposes of completing an opioid taper for discontinuation over the course of the next 2-3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg po TID #180 for 2 months: 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): Opioids, criteria for use, Opioids, dosing.

Decision rationale: The claimant sustained a work injury in June 2002. He has a history of lumbar spine surgery in 2005 and 2006. He was seen for an initial evaluation by the requesting provider on 06/25/15. His prior treatments were reviewed. He had undergone multiple sessions of physical therapy and chiropractic care. Norco and Cymbalta had been prescribed. He was having frequent low back pain rated at 8/10 and decreasing to 3-4/10 with medications. Norco was discontinued and Ultram was prescribed. The total MED (morphine equivalent dose) was changed from 30 mg per day to 40 mg per day. In August 2015 tramadol was decreasing pain from 8/10 to 3/10. Physical examination findings included lumbar spine tenderness with taut muscle bands. There was decreased range of motion. Straight leg raising and facet testing were positive. There was slight left lower extremity weakness. A two month supply of extended release tramadol was prescribed at the same MED of 40 mg. In addition, immediate release tramadol was also prescribed. The total daily MED was 70 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In this case, the claimant had benefit from immediate release tramadol and conversion to a sustained release preparation was appropriate. However, there would be no need to increase the daily MED. Ultram ER 100 mg daily and tramadol 50 mg two times per day would have been an appropriate dosing strategy. For this reason, the request is not medically necessary.