MAXIMUS Federal Services

Case Number:	CM15-0191127		
Date Assigned:	10/05/2015	Date of Injury:	02/10/2009
Decision Date:	11/12/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	09/29/2015

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: Arizona, California
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 61-year-old male, who sustained an industrial injury on 02-10-2009. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for shoulder joint pain, lumbar degenerative disc disease, lumbar facet arthropathy, and sciatica. Medical records (07-17-2015 to 09-15-2015) indicate ongoing chronic constant low back pain radiating to right lower extremity, and chronic right shoulder and arm pain. Pain levels were 7 out of 10 on a visual analog scale (VAS) on 07-17-2015. A lumbar epidural steroid injection (LESI) was completed on 07-29-2015, which was reported to provide almost complete pain relief; however, by 09-15-2015, the IW was reporting that pain was coming back but was still feeling about 50% pain relief. Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not working. The physical exam, dated 09-15-2015, reported a pain level of 7 out of 10, and revealed a slow antalgic gait, unable to heel or toe walk, slight weakness in the right leg, diminished sensation to pain at the right L5-S1, decreased range of motion in the right shoulder with abduction causing pain at 90°, positive facet loading test in the lumbar spine, and positive straight leg raise on the right. There were no changes from the previous exam dated 07-17-2015. Relevant treatments have included lumbar epidural steroid injections with pain relief for several months, physical therapy (PT), work restrictions, and pain medications (tramadol for at least several months). The IW reports that current medications (ibuprofen and tramadol) are causing stomach issues, and not providing solid pain relief. The treating physician indicates that MRI of the lumbar spine (2013) showed diffuse degenerative disc disease at L4-5 and L5-S1, facet joint arthritis, and L4-5 anterior listhesis. The request for authorization (09-16-2015) shows that the following medication and services were requested: tramadol 50mg #60, spinal cord stimulator trial, and psychological evaluation for spinal cord stimulator trial. The original utilization review (09-23- 2015) non-certified the request for tramadol 50mg #60, spinal cord stimulator trial, and psychological evaluation for spinal cord stimulator trial.

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 Medical Treatment 2009.

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

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain persisted and required invasive procedures including an ESI and the current request for Spinal Cord Stimulator. There is no mention of tricyclic, NSAID or Tylenol failure. Continued use of Tramadol is not medically necessary.

Spinal Cord Stimulator trial: 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): Spinal cord stimulators (SCS).

Decision rationale: According to the guidelines, spinal cord stimulators may be used for failed back syndrome, amputation, neuralgia, CRPS, MS, and spinal cord injuries. In this case, the claimant does not have a failed back syndrome or the above diagnoses. Other medication interventions and procedures may be reasonable since the claimant had substantial benefit from an Epidural. The request for SCS is not medically necessary.

Psychological Evaluation for Spinal Cord Stimulator: 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): Spinal cord stimulators (SCS).

Decision rationale: According to the guidelines, psychological evaluations are recommended prior to SCS implantation. However, since the SCS above is not necessary. Therefore, the request for the psychological evaluation is not necessary.