

Case Number:	CM15-0191432		
Date Assigned:	10/05/2015	Date of Injury:	09/27/2012
Decision Date:	11/13/2015	UR Denial Date:	09/16/2015
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: 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 40 year old male, who sustained an industrial-work injury on 9-27-12. He reported initial complaints of low back pain. The injured worker was diagnosed as having lumbar spine strain-sprain, herniated disc with radiculopathy at L5-S1, right groin sprain-strain, acute anxiety, depression, panic attacks and gastritis-nausea. Treatment to date has included medication, ESI (epidural steroid injection) x3 with temporary relief, and diagnostics. MRI results were reported on 12-6-13 noted disc herniations. EMG-NCV (electromyography and nerve conduction velocity test) was reported on 12-5-13 that demonstrated L4-5 radiculopathy on the right. Currently, the injured worker complains of continued pain in the lumbar spine, status post epidural injections (3). Pain is worse in the morning and radiates to the legs. He relies on rest, activity modification, and medications for pain and symptomatic relief. Per the primary physician's progress report (PR-2) on 8-11-15, exam of the lumbar spine noted decreased range of motion, positive straight leg raise at 75 degrees on the right and cross positive 90 degrees on the left, eliciting pain at L5-S1 dermatome distribution, DTR (deep tendon reflexes) for the knees are -2 and absent on the right ankle and -1 on the left ankle, hypoesthesia at the anterolateral aspect of foot and ankle of an incomplete nature noted at L4-S1, weakness in the big toe dorsiflexors and plantar flexor bilaterally. There is tenderness with paraspinal spasms and S1 joint tenderness. The Request for Authorization requested service to include Tramadol 50mg #120 (1 q6h). The Utilization Review on 9-16-15 modified-denied the request for Tramadol 50mg #60 (1 q6h), per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #120 (1 q6h): 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, long-term assessment.

Decision rationale: The claimant sustained a work injury in September 2012 and continues to be treated for chronic radiating back pain. When seen, there had been no improvement after three lumbar epidural injections. He was relying on rest, activity modification, and medications for pain and symptomatic relief. Physical examination findings included decreased lumbar spine range of motion with positive straight leg raising. There was decreased lower extremity strength and sensation. There was sacroiliac joint tenderness and there was lumbar tenderness with paraspinal spasms. His body mass index was 25.5. Medications were refilled including Norco and tramadol. The total MED (morphine equivalent dose) was 80 mg per day. The MED for each medication was 10 mg per dose. Tramadol is an immediate release short acting medication used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Norco was also prescribed and prescribing two immediate release medications at the same MED per dose is duplicative. Continued prescribing is not medically necessary.