

Case Number:	CM15-0191792		
Date Assigned:	10/05/2015	Date of Injury:	12/20/2014
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: Connecticut, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 58 year old female, who sustained an industrial injury on 12-20-14. The documentation on 8-31-15 noted that the injured worker has complaints of low back pain rated as 9 out of 10; neck, upper and mid back and bilateral leg pain rated at 9 out of 10 as well as headaches, bilateral shoulders and feet pain rated as 8 out of 10. The injured worker reports that the pain is associated with weakness, numbness and swelling of feet. The pain radiates down to the toes. There was tenderness to palpation noted over the paraspinal region and straight leg raise test was positive and range of motion lacked 10 degrees in all planes. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included physical therapy; non-steroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants. The documentation on 8-31-15 noted that the injured worker attended 6 sessions of physical therapy with increase in her pain and is taking less amount of medication than before. Lumbar spine magnetic resonance imaging (MRI) on 6-18-15 showed T12-L1 there is a 4 millimeter broad-based posterior disc protrusion; L1-L2 there is an old compression fracture deformity at the superior end-plate of L1 vertebral body with 25 to 50 percent vertebral body height loss anteriorly and centrally; L4-L5 there is a 3 millimeter circumferential disc bulge, there is mild bilateral neural foraminal narrowing; there is bilateral facet joint hypertrophy and L5-S1 (sacroiliac) there is a 3 millimeter circumferential disc bulge and there is bilateral facet joint hypertrophy. The injured worker is on modified work duties. Electromyography and nerve conduction velocity study of bilateral lower extremities revealed being consistent with chronic

bilateral L4-5 radiculopathy. The original utilization review (9-23-15) partially approved a request for Tramadol, unspecified dosage and quantity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol, unspecified dosage and quantity: 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 for chronic pain, Opioids (Classification), Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, screening for risk of addiction (tests), Opioids, steps to avoid misuse/addiction.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review's decision reasonably facilitated appropriate weaning. Given the lack of clear evidence to support functional improvement on the medication and the chronic risk of continued treatment, the request for Tramadol is not considered medically necessary.