MAXIMUS Federal Services

Case Number:	CM15-0191898		
Date Assigned:	10/05/2015	Date of Injury:	06/08/2012
Decision Date:	11/19/2015	UR Denial Date:	08/31/2015
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: Texas, 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 72 year old female, who sustained an industrial injury on 6-8-12. The injured worker is being treated for low back pain, internal derangement of knee and chondromalacia of patella. (MRI) magnetic resonance imaging of lumbar spine performed on 3-9- 15 revealed severe canal stenosis L3-4, L4-5 and spondylolisthesis L4-5. Treatment to date has included oral medications including Hydrocodone-acetaminophen 5-325mg (since at least 2-20-15), Mobic 7.5mg, Levemir (insulin), Nasonex, Naprosyn 500mg and Valium 5mg, home exercise program and activity modifications. On 6-22-15 and 8-20-15, the injured worker complains of worsening pain in low back with burning and throbbing in the leg which is worse at night. It is noted she is unable to perform activities of daily living. She is currently unemployed. Work status is noted to be restricted duties. The physical exam performed on 6-22-15 and 8-20-15 revealed antalgic gait, restricted lumbar range of motion with tenderness and spasm on palpation of paravertebral muscles, spinous process tenderness on L3, L4 and L5, facet loading is positive on left side and tenderness to palpation of left sacroiliac joint is also noted. The treatment plan included request for Tramadol 50mg #90 with 2 refills (to replace Norco) and request for universal TLSO orthosis. On 8-31-15 request for Tramadol 50mg #90 with 2 refills and request for universal TLSO orthosis was non-certified by utilization review. The patient sustained the injury due to a fall. The patient has had 50-60% pain relief with Norco use and she was able to do ADL with medication. The patient had no side effects with Norco. The patient has had a UDS that was negative other therapy done for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Universal Thoracolumbosacral orthosis (TLSO), Aspen 456: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers' Compensation, 2015 web-based edition; http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 09/22/15) Lumbar supports.

Decision rationale: Per the ACOEM guidelines cited, Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Details of PT or other type of therapy done since date of injury was not specified for this injury. A detailed response to prior conservative therapy was not specified in the records provided. The prior conservative therapy notes were not specified in the records provided. Evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. There is no evidence of instability, lumbar fracture or recent lumbar surgery. A surgery or procedure note related to this injury was not specified in the records provided. The medical necessity of the request for Purchase of Universal Thoracolumbosacral orthosis (TLSO), Aspen 456 is not medically necessary.

Tramadol 50mg #90 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers' Compensation, 2015 web-based edition; http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

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

Decision rationale: According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. Central analgesic drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" The cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain;" Tramadol can be used for chronic pain and for treatment of episodic exacerbations of severe pain. The patient had diagnoses of low back pain, internal derangement of knee and chondromalacia of patella. The patient had (MRI) magnetic resonance imaging of lumbar spine performed on 3-9-15 which revealed severe canal stenosis L3-4, L4-5 and mild L2-3 and spondylolisthesis L4-5. On

6-22-15 and 8-20-15, the injured worker complains of worsening pain in the low back with burning and throbbing in the leg which is worse at night. The physical exam performed on 6-22-15 and 8-20-15 revealed antalgic gait, restricted lumbar range of motion with tenderness and spasm on palpation of paravertebral muscles, spinous process tenderness on L3, L4 and L5, facet loading is positive on the left side and tenderness to palpation of the left sacroiliac joint is also noted. Therefore there are significant abnormal objective findings. The patient is already taking a NSAID and a muscle relaxant for this injury. The patient has chronic pain and the patient's medical condition can have intermittent exacerbations. Having tramadol available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary. This request for Tramadol 50mg #90 with 2 refills is deemed as medically appropriate and necessary.