

Case Number:	CM15-0194038		
Date Assigned:	10/07/2015	Date of Injury:	09/02/2005
Decision Date:	11/19/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/02/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 65 year old female, who sustained an industrial injury on 9-2-05. The injured worker has complaints of low back and left leg pain. The injured worker rates her pain at 4 to 5 out of 10 with the use of medications and without these medications her pain will be 8 out of 10. Lumbar spine full range of motion including flexion, extension, rotation and lateral bending. Tenderness to palpation throughout lumbo-sacral region and full muscle strength in the bilateral lower extremities. Straight leg raise is negative in both the seated and supine positions bilaterally. The diagnoses have included spinal stenosis and degenerative thoracic, lumbar intervertebral disc. Treatment to date has included repeat epidural steroid injection on 4-21-15; lyrica; tramadol; zanaflex; norco; L4-5 and L5-S1 (sacroiliac) lumbar fusion in 2008 and removal of hardware in 2010. Lumbar spine magnetic resonance imaging (MRI) on 1-15-14 revealed post-operative changes involving the L4 down to S1 (sacroiliac) vertebral bodies; disc desiccation at L2-L3 down to L5-S1 (sacroiliac) and L2-L3 diffuse disc herniation which causes stenosis of the spinal and of the bilateral neural foramen that deviate the bilateral L2 exiting nerve roots, neutral 4.4 millimeter, flexion's 5.4 millimeter and extension 4.0 millimeter; L3-L4 diffuse disc herniation which causes stenosis of the spinal and of the bilateral neural foramen that deviate the bilateral L3 exiting nerve roots; disc measurements neutral 4.4 millimeter, flexion 5.4 millimeter and extension 5.4 millimeter; L4-L5 broad-based posterior disc herniate, with associated hypertrophy of facet joints and ligamentum flava, causes stenosis of the spinal canal and of the bilateral neural foramen that contact the bilateral L4 exiting nerve roots, disc measurement, neutral 4.4 millimeter, flexion 4.0 millimeter and extension 5.4 millimeter; L5-S1 (sacroiliac) focal disc herniation with associated hypertrophy of facet joint and ligamentum

flava, causes stenosis of the spinal canal and of the bilateral neural foramen that contact the L5 exiting nerve roots; disc measurement neutral 4.4 millimeter; flexion 4.0 millimeter and extension 5.4 millimeter and hemangioma, L1 vertebral body. Lumbar spine computerized tomography (CT) scan on 5-10-13 reveals L4-5 and L5-S1 (sacroiliac) intervertebral spacers from a posterior lumbar interbody fusion; prior pedicle screw tracts are present at L4, L5 and S1 (sacroiliac) and at L3-4, there is evidence of a posterior osteophyte complex with possible neural foramen narrowing. The original utilization review (9-23-15) non-certified the request for tramadol 50mg tab #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg tab #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals insufficient documentation to support the medical necessity of tramadol or sufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Per the medical records submitted for review, it was noted that the injured worker rated pain 8-9/10 without medications, and 4/10 with medications. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. Therefore, the request is not medically necessary.