

Case Number:	CM15-0194244		
Date Assigned:	10/08/2015	Date of Injury:	01/01/2008
Decision Date:	11/18/2015	UR Denial Date:	09/05/2015
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: North Carolina

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 55 year old male, who sustained an industrial injury on 1-1-08. The injured worker has complaints of intermittent moderate to 7 out of 10 achy low back pain radiating to bilateral legs with tingling with relief from medication. Lumbar spine flexion was 40 degrees out of 60 degrees and extension was 20 degrees out of 25 degrees and left and right lateral bending was 15 degrees out of 25 degrees. The documentation noted that Kemp's causes pain and straight leg raise causes pain bilaterally. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy; thoracic or lumbosacral neuritis or radiculitis, unspecified and lumbago. Treatment to date has included tramadol ER; norco; cyclobenzaprin; protonix and celebrex. Electromyogram on 7-7-15 revealed no electrophysiological evidence to support motor radiculopathy in the lower extremities. Nerve conduction study on 7-14-15 revealed no electrophysiological evidence of entrapment neuropathy on the peroneal, and tibial nerves and no electrophysiological evidence to support distal peripheral neuropathy in the lower extremities. Lumbar spine magnetic resonance imaging (MRI) on 8-10-15 revealed no acute abnormality identified; no critical spinal canal or critical neural foraminal narrowing; mild to moderate multilevel degenerative disc change and moderate to advances bilateral facet arthropathy in the mid and lower lumbar spine; there is multilevel mild to moderate spinal canal narrowing between the levels of L1 and S1 (sacroiliac), most prominent at L4-5 and there are small annular tears in the posterior discs at L4-5 and L5-S1 (sacroiliac). Lumbosacral spine X-ray on 10-21-14 revealed arthritic changes of the facet joints of L3-L4, L4-L5 and L5-S1 (sacroiliac); 5 millimeter anterolisthesis of L4 on L5 and 3 millimeter retrolisthesis of L5 on S1 (sacroiliac); excellent range of motion in flexion and extension; instability at L4-L5 and L5-S1

(sacroiliac) and no other abnormalities are identified. Urine toxicology results dated 7-10-15 shows detection of tremor at all metabolite prescribed medication. The original utilization review (9-5-15) modified the request for tramadol 50mg, take by mouth twice daily as needed, #90 to #20 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, take by mouth twice daily as needed, #90: 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.

Decision rationale: The California MTUS states: When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.