

Case Number:	CM15-0195482		
Date Assigned:	10/09/2015	Date of Injury:	04/25/1995
Decision Date:	11/23/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/05/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 68 year old male, who sustained an industrial injury on 4-25-1995. The injured worker is undergoing treatment for: cervical spine sprain, cervical disc bulge, lumbar disc bulge. On 9-14-15, he reported taking over the counter Tylenol and Tramadol for pain and inflammation. He indicated he had not had new injuries. He reported neck pain that was intermittent rated 4 out of 10 and increased when laying down or with activity. He also reported increased low back pain rated 8 out of 10 with radiation into the left leg down to the foot and associated numbness to the back of the left leg. Physical findings revealed tenderness over the sciatic notch. There are no other objective findings noted. The medical records do not discuss efficacy of Tramadol, adverse side effects or aberrant behaviors. The treatment and diagnostic testing to date has included: medications, trigger point injections. Medications have included: tramadol, over the counter Tylenol. The records indicate he has been utilizing Tramadol since at least January 2014, possibly longer. Current work status: reported as "awarded case". The request for authorization is for: Tramadol 50mg quantity 625, injection of: Ketorolac 60mg, Xylocaine 1mg. The UR dated 9-28-2015: Modified Tramadol 50mg quantity 125, and non-certified injection of: Ketorolac 60mg, Xylocaine 1mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg Qty: 625: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain.

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

Decision rationale: The patient was injured on 04/25/95 and presents with neck pain and low back pain. The request is for TRAMADOL 50 MG QTY: 625. The RFA is dated 09/18/15 and the patient is not working. He has been taking this medication as early as 03/16/15 and there are only two treatment reports provided from 03/06/15 and 09/14/15. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long- term efficacy is unclear (>16 weeks), but also appears limited." MTUS, page 113 regarding Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. On 09/14/15, the neck pain was a 4/10 and the low back pain was an 8/10. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. Although there are general pain scales provided, there are no before and after medication pain scales. There are no examples of ADLs which demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with his prescribed medications. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Tramadol IS NOT medically necessary.

Ketorolac 60mg , xylocaine 1mg injection: 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): NSAIDs, specific drug list & adverse effects.

Decision rationale: The patient was injured on 04/25/95 and presents with neck pain and low back pain. The request is for KETOROLAC 60 MG, XYLOCAINE 1MG INJECTION in the upper arm or upper buttock area intra-muscularly for relief of the patient's back symptoms. The RFA is dated 09/18/15 and the patient is not working. He has been taking this medication as early as 03/16/15 and there are only two treatment reports provided from 03/06/15 and 09/14/15. MTUS Guidelines, NSAIDs, specific drug list and adverse effects Section, pg.72, regarding Ketorolac states "This medication is not indicated for minor or chronic painful conditions." Academic Emergency Medicine, Vol 5, 118-122, Intramuscular ketorolac vs oral ibuprofen in emergency department patients with acute pain, study demonstrated that there is "no difference between the two and both provided comparable levels of analgesia in emergency patients presenting with moderate to severe pain." The patient has tenderness over the left sciatic notch and is diagnosed with cervical spine sprain, cervical disc bulge, lumbar disc bulge. The treater is requesting for a ketorolac xylocaine injection in the upper arm or upper buttock area intra-muscularly for relief of the patient's back symptoms. The 09/14/15 report states that the patient "indicates it helps his pain and reduces pain by for 3 days." It is unclear if the patient had a prior ketorolac xylocaine injection. The treater does not discuss why the patient needs Ketorolac injection in addition to taking oral NSAIDs, which provides comparable levels of analgesia. Additionally, MTUS does not recommend this medication for "minor or chronic painful conditions." Available progress reports do not indicate that the current injection request is for an acute episode of pain. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.