

Case Number:	CM15-0204916		
Date Assigned:	10/21/2015	Date of Injury:	06/04/2010
Decision Date:	12/02/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/19/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 62-year-old male with a date of injury on 06-04-2010. The injured worker is undergoing treatment for status post right subtalar joint arthrodesis-positive per Magnetic Resonance Imaging, L3-4 3mm disc bulge per Magnetic Resonance Imaging, L4-5 and L5-S1 6mm disc protrusions per Magnetic Resonance Imaging, and multilevel spinal stenosis per Magnetic Resonance Imaging. A physician progress note dated 09-24-2015 documents the injured worker has complaints of foot pain rated as 0 out of 10-he has numbness, weakness and tingling. He has lumbar spine pain that he rates as 7 out of 10 that is constant, achy and with sharp pain at times. Lumbar spine range of motion is restricted and his is unable to toe and heel walk secondary to the left foot issues. His left foot has 0 range of motion due to fusion. He has an antalgic gait. He is working full time without restrictions. A physician note dated 06-18- 2015 documents he rates his back pain as 4-5 out of 10 and it is achy, and it is interfering with his sleep. He states that his back pain is getting worse. He has not foot pain, but it will increase if he walks or stands for any length of time. Treatment to date has included diagnostic studies, medications, and an ankle brace. He takes Tramadol for pain (since at least 03-26-2015). A Magnetic Resonance Imaging of the lumbar spine done on 07-06-2015 revealed multilevel disc bulges with mild to severely narrowed spinal canal. The Request for Authorization dated 09-24-2015 includes a follow up visit in 6 weeks, a lumbar brace and Tramadol 50mg #45. On 10-15-2015 Utilization Review non-certified, the request for 1 Lumbar Brace, and Tramadol 50mg #45 was modified to Tramadol 50mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, #45: 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: This 62 year old male has complained of ankle pain and low back pain since date of injury 6/4/2010. He has been treated with physical therapy, ankle brace and medications to include opioids since at least 03/2015. The current request is for Tramadol. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opiod contract and documentation of failure of prior non-opiod therapy. Based on this lack of documentation and failure to adhere to the MTUS guidelines, Tramadol is not indicated as medically necessary.

1 Lumbar Brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Inital Care.

Decision rationale: This 62 year old male has complained of ankle pain and low back pain since date of injury 6/4/2010. He has been treated with physical therapy, ankle brace and medications to include opioids since at least 03/2015. The current request is for 1 lumbar brace. Per the MTUS guidelines cited above, a lumbar support brace has not been shown to have any lasting benefit beyond the acute phase of symptomatic relief, and is not recommended as a treatment for chronic back pain. Based on the MTUS guidelines and the provided documentation, lumbar support brace is not indicated as medically necessary.