

Case Number:	CM15-0206809		
Date Assigned:	10/23/2015	Date of Injury:	04/16/1981
Decision Date:	12/09/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/20/2015

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 an 81 year old female, who sustained an industrial injury on 4-16-81. The injured worker was diagnosed as having lumbar radiculitis; lumbago. Treatment to date has included lumbar cortisone injection (2014); medications. Currently, the PR-2 notes dated 9-25-15 indicated the injured worker complains of pain in the neck, upper-mid-lower back and both heels with radiation to both arms and both legs. The pain is associated with tingling and numbness in the feet as well as weakness in both hands and legs. The provider documents "The pain is frequent and moderate in intensity. On a scale of 0 to 10, she rates the severity of the pain as 8 out of 10, but as 6-7 at its best and 10 at its worst. Her average pain level in the last severe days is 8 out of 10." She describes her pain as sharp with muscle pain and skin sensitivity to light touch. The pain is aggravated by bending, reaching, stooping, exercising, pushing a shopping cart and leaning forward and prolonged sitting, standing and walking. The pain is relieved with rest, heat-ice application, elevation, bracing, compression, lying down, medications, and relaxation. She reports her neck pain is 60% of her pain and arm pain is 30%. Pain in her back is reported as 100% and her leg pain is 100% of her pain. Her functional limitations are reported as: avoids physical exercise, household duties, participating in recreational activities, driving, yard work, shopping and sexual relations due to pain. She has a clinical history of left lung surgery in 1963 (quit smoking in 1986), asthma-chronic obstructive pulmonary disease; congestive heart failure; pulmonary disease; diabetic; prior injuries to her right leg and ankle in the past; hypertension, heart attack, arthritis and cancer of the throat (laryngeal CA) and left breast. The provider documents a physical examination noting "Lumbar spine reveals range of motion to forward flexion 30 degrees, extension 10 degrees, and side

bending 10 degrees bilaterally. There is tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with spasms. Positive lumbar facet loading maneuver bilaterally with positive straight leg raise test on the right seated to 50 degrees. She has full range of motion in her bilateral knees with normal bulk and tone in all major muscle groups of the lower extremities, Sensory grossly intact to light touch throughout the lower extremities with reflexes symmetric at 1+ out of 4. His treatment plan advised the injured worker to discontinue Nabumetone and Tramadol IR. He is requesting Tramadol ER 150mg daily #30 as a long-acting pain medication. A prior imaging report dated 8- 28-08 of the lumbar spine impression notes mild to moderate multilevel degenerative changes. No other medical records submitted indicate an initial date for prescribing Tramadol IR. A PR-2 note for 2015 is dated 3-5-15 documents "At this point she has, according to the records, exhausted all her treatment regiments as far as medication and therapy and the only thing that is effective for her chronic low back is either a SI joint injection or an epidural injection with corticosteroids." This record does not list current medications for this date of service. A Request for Authorization is dated 10-16-15. A Utilization Review letter is dated 10-8-15 and modified the certification for Tramadol ER 150mg, daily, #30 to allow "#10 initially for assessment and documentation of the 4A's for continued use and -or weaning-discontinuation inuation.". A request for authorization has been received for Tramadol ER 150mg, daily, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg, daily, #30: Upheld

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

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 presents on 09/25/15 with neck pain, upper back pain, mid back pain, and lower back pain which radiates into the bilateral lower extremities. The pain is rated 6- 7/10 at best and 10/10 at worst. The patient's date of injury is 04/16/81. The request is for Tramadol ER 150mg, daily, #30. The RFA is dated 10/01/15. Physical examination dated 09/25/15 reveals tenderness to palpation of the lumbar paraspinal musculature bilaterally, positive lumbar facet loading bilaterally, positive straight leg raise test on the right with intact neurological function noted in the lower extremities. The patient is currently prescribed Tramadol IR, Diclofenac, Prilosec, Aspirin, Venlafaxine, and Nabumetone. Patient is currently not working. 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 Guidelines, Tramadol (Ultram) section, page 113, 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. In regard to the requested Tramadol for the management of this patient's chronic pain, the treater has not provided adequate documentation of efficacy to continue use. Progress note dated 09/25/15 does not address the efficacy of this patient's current medication regimen whatsoever. MTUS guidelines require analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, there is no evidence that this patient is non-compliant with her medications, though no consistent urine toxicology reports were included for review. However, the provider does not include any measures of analgesia via a validated scale with before and after ratings, no functional improvements attributed to medications, nor a statement regarding a lack of aberrant behavior. Without such documentation, continuation cannot be substantiated and this patient should be weaned from narcotic medications. Owing to a lack of complete 4A's documentation, the request is not medically necessary.