

Case Number:	CM15-0207150		
Date Assigned:	10/23/2015	Date of Injury:	07/08/2005
Decision Date:	12/07/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/21/2015

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: New Jersey

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 70 year old female, who sustained an industrial injury on July 8, 2005, incurring low back and bilateral knee injuries. She was diagnosed with lumbar spondylosis with disc protrusion and nerve root compression, and lumbar radiculopathy. Treatment included pain medications, anti-inflammatory drugs, topical analgesic lotion, physical therapy and home exercise program and activity modifications. Currently, the injured worker complained of lower back pain and buttock heaviness and pain with increased episodes of urinary incontinence and perineal numbness. Her pain level was 6-7 out of 10 on a pain scale from 1 to 10. Her increased pain and urinary issues interfered with her activities of daily living. On examination, she was noted to have bilateral lumbosacral paraspinal tenderness and sciatica tenderness. She was noted to ambulate with an irregular gait. The treatment plan that was requested for authorization included urodynamic study and a prescription for Tramadol 50 mg #60. On September 21, 2015, a request for urodynamic study and a prescription for Tramadol was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urodynamic study: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Winters JC, et. al. Adult urodynamics: American Urological Association (AUA)/Society of Urodynamics, Female Pelvic Medicine & Urogenital Reconstruction (SUFU) guideline. Linthicum (MD): American Urological Association (AUA); 2012 Apr. 30 p. [119 references].

Decision rationale: The MTUS does not address urodynamic studies in suspicion of neurogenic bladder. The ODG also does not address this testing. The American Urological Association and the Society of Urodynamics in a joint statement guideline suggest that urodynamic studies should be performed PVR assessment during the initial urological evaluation of patients with relevant neurological conditions (e.g., spinal cord injury and myelomeningocele) and as part of ongoing follow-up when appropriate (grade B evidence). In the case of this worker, there was report of increased urinary incontinence and perineal numbness with evidence on MRI for significant nerve impingement of the lumbar spine in multiple areas. Surgeon referral was recommended, which was appropriate. A urodynamic study was also recommended to confirm the suspicion of these urinary symptoms being related to her lower back pathology, which appears to be medically appropriate and necessary, according to the guidelines listed, and the results may be helpful information for the surgeon and other providers if surgery takes place.

Tramadol 50mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Chronic Pain Guidelines state that for a therapeutic trial of opioids, there needs to be no other reasonable alternatives to treatments that haven't already been tried, there should be a likelihood that the patient would improve with its use, and there should be no likelihood of abuse or adverse outcome. Before initiating therapy with opioids, the MTUS Chronic Pain Guidelines state that there should be an attempt to determine if the pain is nociceptive or neuropathic (opioids not first-line therapy for neuropathic pain), the patient should have tried and failed non-opioid analgesics, goals with use should be set, baseline pain and functional assessments should be made (social, psychological, daily, and work activities), the patient should have at least one physical and psychosocial assessment by the treating doctor, and a discussion should be had between the treating physician and the patient about the risks and benefits of using opioids. Initiating with a short-acting opioid one at a time is recommended for intermittent pain, and continuous pain is recommended to be treated by an extended release opioid. Only one drug should be changed at a time, and prophylactic treatment of constipation should be initiated. In the case of this worker, there was record of the worker using NSAIDs, but these were to be discontinued due to relative kidney risks and tramadol was prescribed to take the place. This medication was used in the past, however, there was no record provided to clearly

show its effectiveness. However, considering the circumstances and not having enough time to report how effective this medication is at reducing pain, the one month supply appears reasonable and medically necessary, although continued use would have to be based on clearly documented functional gains and pain reduction with its use.