

Case Number:	CM15-0021465		
Date Assigned:	02/11/2015	Date of Injury:	01/23/2011
Decision Date:	03/27/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/04/2015

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: Texas, California
 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 with an industrial injury dated 01/23/2011 resulting from a slip and fall. His diagnoses include acquired spondylolisthesis, lumbago, displacement of the lumbar intervertebral disc without myelopathy, knee pain, chronic pain syndrome, lumbosacral radiculitis and disorder of the trunk. No recent diagnostic testing was submitted or discussed. Previous treatments have included conservative care, medications, physical therapy, and functional restoration program. In a progress note dated 12/22/2014, the treating physician reports low back pain and left lower extremity pain despite treatment. The objective examination revealed decreased sensation in the left lower extremity lateral thigh and knee. Patient has received an unspecified number of PT visits for this injury. The medication list include ibuprofen and Tramadol. Per the doctor's note dated 2/16/15 patient had complaints of low back pain at 9/10 with radiation of pain in the left knee. Physical examination revealed tenderness on palpation and swelling in left knee, decreased sensation in the LLE, limited range of motion of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg #90 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines MTUS (Effective July 18, 2009), Page 75 Central acting.

Decision rationale: Request: Tramadol 50 mg #90 with 4 refills Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003) Cited guidelines also state that, A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain. Tramadol can be used for chronic pain and for treatment of episodic exacerbations of severe pain. His diagnoses include acquired spondylolisthesis, lumbago, displacement of the lumbar intervertebral disc without myelopathy, knee pain, chronic pain syndrome, lumbosacral radiculitis and disorder of the trunk. In a progress note dated 12/22/2014, the treating physician reports low back pain and left lower extremity pain despite treatment. The objective examination revealed decreased sensation in the left lower extremity lateral thigh and knee. Per the doctor's note dated 2/16/15 patient had complaints of low back pain at 9/10 with radiation of pain in the left knee. Physical examination revealed tenderness on palpation and swelling in left knee, decreased sensation in the LLE, and limited range of motion of the left knee. Patient is already taking a NSAID. The patient is not taking any potent narcotics and there is no evidence of any medication abuse. The patient has chronic pain and the patient's medical condition can have intermittent exacerbations. Having tramadol available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary. HOWEVER, the tramadol request as submitted, is for 90 tablets of tramadol along with 4 refills requested at the same time. The large quantity prescribed (along with 4 refills) would not allow for ongoing monitoring for efficacy, functional improvement or side effects. The medical necessity of the request for Tramadol 50 mg #90 with 4 refills, as submitted, is not fully established in this patient.

Ibuprofen 800 mg #90 with 4 refills: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): page 22.

Decision rationale: Request: Ibuprofen 800 mg #90 with 4 refills. Ibuprofen belongs to a group of drugs called nonsteroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use

may not be warranted. (Van Tulder-Cochrane, 2000). His diagnoses include acquired spondylolisthesis, lumbago, displacement of the lumbar intervertebral disc without myelopathy, knee pain, chronic pain syndrome, lumbosacral radiculitis and disorder of the trunk. In a progress note dated 12/22/2014, the treating physician reports low back pain and left lower extremity pain despite treatment. The objective examination revealed decreased sensation in the left lower extremity lateral thigh and knee. Per the doctor's note dated 2/16/15 patient had complaints of low back pain at 9/10 with radiation of pain in the left knee. Physical examination revealed tenderness on palpation and swelling in left knee, decreased sensation in the LLE, and limited range of motion of the left knee. So there are significant abnormal objective findings along with complaints of pain. Ibuprofen 800 mg #90 with 4 refills use is deemed medically appropriate and necessary in this patient.