

Case Number:	CM15-0224501		
Date Assigned:	11/20/2015	Date of Injury:	05/13/1982
Decision Date:	12/30/2015	UR Denial Date:	11/06/2015
Priority:	Standard	Application Received:	11/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 72 year old female with an industrial injury date of 05-13-1982. Medical record review indicates she is being treated for post laminectomy syndrome. In the 10-19-2015 note the injured worker was being seen for chronic pain management. The injured worker was on modified activity level and was taking medications. Pain is described as constant. Work status (09-21-2015) is documented as retired. Current medications included Tramadol (since at least 05-09-2011), Estradiol, Magnesium, Potassium 99, Glucosamine, Celebrex, Prilosec, Fish Oil, multivitamin and iron sucrose. Current treatment included TENS unit and medications. Prior treatments included physical therapy, activity, modifications, surgery and medications. Urine drug screen done 10-19-2015 was positive for Tramadol. The injured worker was taking Tramadol. On 11-06-2015 the request for 1 prescription for Tramadol 50 mg # 120 and 1 TENS unit 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:

1 prescription for Tramadol 50mg #120: 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): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury occurring in May 1982 when she had sharp low back pain when stepping down from a company van. She underwent lumbar spine surgery in 1982, 1983, and a third surgery was performed in February 1990 due to a recurrent disc herniation. When seen in October 2015 she was continuing to use a TENS unit. She was having constant pain radiating into the left lower extremity. She had run out of medications and was requesting a refill. Examination findings were that of ambulating without assistance. VAS pain scores were not recorded. Celebrex, tramadol, and Prilosec were refilled. Continued use of a TENS unit three times per day was recommended. Tramadol is an immediate release short acting medication used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Since the claimant had run out of medications, recording of VAS pain scores prior to reinitiating an opioid medication would have been expected. The request is not medically necessary.

1 TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The claimant has a remote history of a work injury occurring in May 1982 when she had sharp low back pain when stepping down from a company van. She underwent lumbar spine surgery in 1982, 1983, and a third surgery was performed in February 1990 due to a recurrent disc herniation. When seen in October 2015 she was continuing to use a TENS unit. She was having constant pain radiating into the left lower extremity. She had run out of medications and was requesting a refill. Examination findings were that of ambulating without assistance. VAS pain scores were not recorded. Celebrex, tramadol, and Prilosec were refilled. Continued use of a TENS unit three times per day was recommended. In this case, the claimant already uses TENS with some benefit. There is no apparent failure of the current unit. Supplies such as electrodes and leads can be reused many times and replacement supplies can be provided if needed. Providing another unit is not medically necessary.