

Case Number:	CM15-0224717		
Date Assigned:	11/23/2015	Date of Injury:	09/02/2008
Decision Date:	12/31/2015	UR Denial Date:	10/26/2015
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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 male, who sustained an industrial injury on 9-2-2008. According to physician documentation, the injured worker was diagnosed with chronic back pain, peripheral neuropathy versus plantar fasciitis and lumbar radiculopathy. Subjective findings dated 5-29-2015 and 7-24-2015 were notable for low back pain that varies with intensity throughout the day that radiates down the bilateral lower extremities to toes with calf cramping, numbness in both feet, which is aggravated with sitting and standing, rating pain anywhere from 4-7 out of 10. Objective findings dated 5-29-2015 and 7-24-2015 were notable for antalgic gait, ambulating with a single point cane, tender to palpation of the lumbar spine with spasm, 30 degrees on flexion, 15 degrees extension and 20 degrees for right and left lateral bend range of motion and diminished sensation of the bilateral (lumbar) L3-S1 (sacral) dermatomes and bilateral straight leg rise with bilateral numbness in the toes at 45 degrees. According to physician documentation dated 9-18-2015, the injured worker has stated, since the previous office visits, his lower extremity symptoms have decreased in severity, indicating he has been able to ambulate further with less pain and the Flexeril 7.5mg and Tramadol ER 150mg does help with his pain allowing normalization of activities rating his pain 4-5 out of 10 with 30 degrees flexion, 5 degrees extension and 15 degrees right and left lateral bend range of motion. Treatments to date have included 4 sessions of chiropractic treatment (moderate relief), Orphenadrine 100mg, Tramadol ER 150mg (since at least 4-25-2015), Norflex 100mg, Flexeril 7.5mg, Ketoprofen topical cream (some relief), Tylenol and Aspirin (moderate relief). The

Utilization Review determination dated 10-21-2015 did not certify prospective treatment/service requested for Tramadol/Apap 37.5-325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP 37.5/325mg, 1 daily #60 (2 Months Supply): Overturned

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): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, long-term assessment, Opioids, specific drug list.

Decision rationale: The MTUS notes that tramadol is a central acting opioid analgesic that may be used to treat chronic pain and neuropathic pain. The MTUS states that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing use of tramadol requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. In this case, the medical records do note decreased pain and improved function with the current regimen. There are no side effects. No aberrant pain behaviors or evidence for misuse are noted. The treatment note of 9-18-15 states that, based on a Peer Review discussion, a neuropathic pain medication would be tried at the next follow-up in 8 weeks. The Utilization Review on 10-26-15 modified the request to allow #20 only. Since that amount is not adequate supply for treatment until the next follow-up, the request for Tramadol/APAP 37.5/325mg, 1 daily #60 (2 Months Supply) is consistent with the MTUS guidelines and is medically necessary.