

Case Number:	CM15-0035123		
Date Assigned:	03/03/2015	Date of Injury:	11/27/2007
Decision Date:	04/14/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/24/2015

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: Pennsylvania, Ohio, 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 a 35 year old male who sustained a work related injury when rolling a drum of powder on November 27, 2007. The injured worker underwent lumbar surgery in February 2009 and micro-lumbar decompression at L4-L5-S1 and L5-S1 on June 24, 2010. Spinal cord stimulator (SCS) implant was performed on October 11, 2013. A transforaminal epidural steroid injection (ESI) left L4 and L5 was administered on January 23, 2015. The injured worker was diagnosed with lumbago, postlaminectomy syndrome and lumbar residual radiculitis/radiculopathy. According to the primary treating physician's progress report on February 2, 2015 the patient continues to experience low back pain with radiation to the left lower leg. Range of motion was limited in all planes due to pain with negative straight leg raise bilaterally but eliciting pain at the lumbar spine region. A urine drug screen was positive for Hydrocodone and THC on January 8, 2014. Current medications are listed as Ultracet, Neurontin, Flexeril, Gabapentin and topical creams. Treatment modalities consist of acupuncture therapy and home exercise program. The treating physician requested authorization for Tramadol/APAP 37.5/325mg #60. On February 19, 2015 the Utilization Review denied certification for Tramadol/APAP 37.5/325mg #60. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines and the Official Disability Guidelines (ODG).

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 #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Opioids for Chronic Pain.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore, this request is not medically necessary.