

Case Number:	CM15-0043818		
Date Assigned:	03/13/2015	Date of Injury:	03/19/2012
Decision Date:	04/22/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/09/2015

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: 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 27-year-old male, who sustained an industrial injury on March 19, 2012. The injured worker was diagnosed as having low back pain, lumbar degenerative disc disease, lumbar radiculitis, and chronic pain syndrome. Treatment to date has included an MRI, H-wave, home exercise program, urine drug screening, work modifications, physical therapy, epidural steroid injections, and medications including oral and topical pain, anti-epilepsy, proton pump inhibitor, and non-steroidal anti-inflammatory medications. On February 11, 2015, the injured worker complains of continued stabbing low back pain with burning in his right buttock and thigh. His pain is better with his medications. The physical exam revealed an antalgic gait, left leaning posture with slight trunk flexion, and diminished sensation in the right lumbar 4-5 dermatome. The deep tendon reflexes were diminished, except for the left patellar was normal. There was no clonus or increased tone. The bilateral sacroiliac notches and joint were tenderness to palpation, right greater than left. There were positive right Patrick's and Gaenslen's signs, tenderness to palpation lumbosacral paraspinals with muscle spasms and myofascial restrictions, decreased flexion and extension, and a positive right straight leg raise. The treatment plan includes continuing his current short-acting pain, muscle relaxant, and non-steroidal anti-inflammatory medications. In addition, a long-acting pain medication was started.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg ER #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Tramadol Page(s): 76-78, 88-89, 113.

Decision rationale: The patient presents with lower back pain rated 6-7/10 with medications, 4/10 without. The pain radiates into the right buttock and right thigh with a burning sensation. The patient's date of injury is 03/19/12. Patient is status post lumbar ESI at unspecified levels on 09/23/14. The request is for TRAMADOL 150MG ER #60. The RFA was not provided. Physical examination dated 02/11/15 reveals decreased sensation to the right L4-5 dermatome, tenderness to palpation of the bilateral sacral notches, sacroiliac joints, and lumbar paraspinal muscles. Treater also notes positive straight leg raise on the right as well as positive Patrick's and Gaenslen's signs on the right. The patient is currently prescribed Hydrocodone, Naproxen, and Flexeril. Diagnostic imaging was not included, though 02/15/15 progress not references undated lumbar MRI, significant findings include: "L5-S1 level a 4-5mm right central and foraminal disc protrusion is noted in addition to a 2-3mm diffuse disc bulge. This is compressing the thecal sac from the right anterolateral aspect." Per 02/15/15 progress note, patient is advised to return to work with modifications. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol states: Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. In regard to the continuation of Tramadol for the management of this patient's chronic lower back pain, the request appears reasonable. Progress report dated 02/15/15 reports a reduction in this patient's pain from 6-7/10 to 4/10 attributed to this medication, and documents that use of this medication allowed this patient to return to work. Additionally, the same progress note documents consistent UDS, CURES report, and a lack of aberrant behavior. The provided documentation satisfies the 4A's as required by MTUS. Therefore, the request IS medically necessary.