

Case Number:	CM15-0048532		
Date Assigned:	03/20/2015	Date of Injury:	05/03/2008
Decision Date:	05/01/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/13/2015

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:

This 42 year old male sustained an industrial injury to the low back on 5/3/08. Previous treatment included magnetic resonance imaging, epidural steroid injections, lumbar facet injections, lumbar facet neurotomies, physical therapy, chiropractic therapy, home exercise and medications. In a PR-2 dated 12/12/14, the injured worker complained of severe low back pain rated 8/10 on the visual analog scale with radiation to bilateral buttock and groin. Physical exam was remarkable for bilateral paraspinal musculature and stiffness in the lumbar spine area with bilateral lumbar facet tenderness, limited and painful range of motion and normal neurologic exam without evidence of lumbar radiculopathy. Current diagnoses included lumbar spondylosis, bilateral lumbar spine facet syndrome, mechanical low back pain and failed conservative therapies for pain control. The treatment plan included diagnostic bilateral lumbar facet injection, continuing home exercise, continuing physical therapy and medications (Norco and Tramadol).

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol extended release 100mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93-94; 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents with low back pain radiating to both hips and both groins rated at 8/10. The request is for Tramadol Extended Release 100mg Quantity 90. The request for authorization is dated 02/02/15. The patient is status-post lumbar discectomy, date unspecified. MRI of the lumbar spine, 06/05/09, shows a broad diffused disc bulge with bilateral lumbar facet hypertrophy at L4-L5 causing central and spinal stenosis. The patient denies having any pain going into the lower extremities. There is no evidence of lumbar radiculopathy. The patient's conservative therapies include physical therapy, chiropractic treatments and medications. Patient has also had diagnostic lumbar facet injections. The patient is to continue home exercise program and physical therapy. Patient's medications include Norco and Tramadol, with no side effects to these medications. The patient's work status is not provided. 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. Treater does not specifically discuss this medication. Most of the progress reports is handwritten and illegible. The patient is prescribed Tramadol since at least 08/18/14. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Tramadol significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed either, specifically showing significant pain reduction with use of Tramadol. No validated instrument is used to show functional improvement. The treater does document no side effects to the medication but provides no documentation or discussion regarding aberrant drug behavior. A UDS report dated, 11/14/14 is provided, but no Cures or opioid pain contract. Therefore, given the lack of documentation as required by MTUS, the request Is Not medically necessary.