

Case Number:	CM14-0115512		
Date Assigned:	08/04/2014	Date of Injury:	03/17/2001
Decision Date:	10/10/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 employee was a 53 year old male who sustained an industrial injury on 03/17/2001, He was status post extensive lumbar laminectomy in 2011. His prior treatment included two lumbar spine epidurals in April 2014. His other diagnoses included lumbar post laminectomy syndrome, lumbalgia, lumbar herniated discs, lumbar spinal stenosis and lumbar radiculopathy. The progress notes from 06/03/14 was reviewed. He was able to walk and lose 20 pounds. He took Tramadol for approximately five times a week. He was on medications for hypertension. He reported frequent pain across the lumbar spine rated at 3-8/10. There was no radiation to lower extremities or paresthesias. There were sphincter problems, impotency or weakness. Pertinent objective findings included limited range of motion of lumbar spine, normal motor and sensory examination and positive straight leg raising test on right. MRI of lumbar spine on 03/28/13 showed severe degenerative disc disease and severe right L5-S1 foraminal stenosis with compression of the S1 nerve root. Diagnoses included status post extensive lumbar laminectomy, medial facetectomy, foraminotomy and lateral recess decompression and discectomy at L5-S1, right with residual pain. The plan of care included Tramadol 50mg BID PRN (#60), Psychiatric consultation and functional capacity evaluation to see if he can resume work in a capacity commensurate with his skills or abilities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Final Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation, Fitness for Duty

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for duty, Functional capacity evaluation

Decision rationale: According to Official Disability Guidelines, functional capacity evaluation is recommended prior to admission to a Work Hardening program. An FCE is time consuming and cannot be recommended as a routine evaluation. Guidelines recommend FCE if case management is hampered by complex issues such as prior unsuccessful RTW attempts, injuries that require detailed exploration of a worker's abilities, conflicting medical reporting on precautions and modified duty. Do not proceed with FCE if the sole purpose is to determine a worker's effort or compliance and if the worker had returned to work and an ergonomic assessment has not been arranged. The medical records submitted for review do not document return to work attempts or unsuccessful return to work attempts or conflicting medical reporting precautions. He was reported to be not working and had no plans to return to work. Hence the request for functional capacity evaluation is not medically necessary or appropriate.

Tramadol 50 mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, ongoing management Page(s): 78.

Decision rationale: According to MTUS Chronic Pain Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. In addition, the guidelines also recommend discontinuing opioids if there is no overall improvement in function, unless there are extenuating circumstances. According to the guidelines, the lowest possible dose should be prescribed to improve pain and function. Ongoing review and documentation of pain relief, functional status, medication use and side effects as necessary. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. The employee was being treated for low back pain and had been on Tramadol. He was reported not to be working and there was no documentation in the progress notes on functional improvement or pain scale improvement with the use of Tramadol. Hence the request for continued use of Tramadol is not medically necessary or appropriate.

