

Case Number:	CM14-0122348		
Date Assigned:	09/16/2014	Date of Injury:	05/13/2009
Decision Date:	10/17/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/01/2014

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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 injured worker is a 53 year old male who was injured on May 13, 2009 while working. The mechanism of injury was lifting a 1500 pound roll of paper. The diagnoses listed as lumbar disc displacement. The most recent progress note dated 7/2/14, reveals complaints of low back pain and neck pain. Pain was reported 7 out of 10 on visual analog scale (VAS) score was noted. Physical examination revealed normal gait, normal posture, incision well healed, anterior abdominal area has started to improve significantly, pain to palpation in the lumbar spine at L5 to S1, range of motion limited secondary to pain, motor strength 4 out of 5 strength bilateral lower extremities, sensory diminished sensation grossly bilaterally, deep tendon reflexes 2+ and equal bilaterally, positive straight leg raise raising bilaterally, Babinski absent, Clonus absent, sacroiliac joints nontender, FABER negative bilaterally, hips nontender full range of motion, pulses 2+ and equal bilaterally, and decreased range of motion of the lower extremities; cervical spine exam palpation no pain, limited range of motion due to pain, motor strength 5 out of 5 proximal and distal bilateral upper extremities, diminished sensation in the left hand deep tendon reflexes 2+ and equal bilaterally, biceps, brachioradialis, triceps, Spurling's test positive, Hoffman reflex bilaterally. Diagnostic imaging studies available for review Xray dated 1/22/14 indicate L5 to S1 fusion is solid interbody bone graft, no pathological motion on flexion/extension is noted, grade I anterolisthesis L4 on L5 stable in flexion/extension, and mild L3 to L4 intervertebral disc narrowing. Electromyography/ nerve conduction study dated 2/4/14 indicate no cervical radiculopathy, he does have abnormal conduction studies consistent with carpal tunnel syndrome bilaterally left worse than the right. Prior treatment includes medications and status post anterior/posterior fusion at L5 to S1 for spondylolisthesis and severe stenosis. Postoperatively the patient's condition had stabilized and improved, yet he still had residual pain. Current medications at this visit include Tramadol 50 milligrams one to two tablets every four to

six hours as needed for severe pain, Norco 10/325 milligrams every four to six hours as needed along with Cymbalta and Mirtazapine. A prior utilization review determination dated 7/14/14 resulted in denial of Tramadol 50 milligrams quantity ninety with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-96.

Decision rationale: The claimant has a reported date of injury of 5/13/2009. He has subsequently undergone a lumbar fusion and has stabilized with residual chronic pain. The most recent progress note of 7/2/14, reveals physical examination documenting normal gait, normal posture, motor strength 4 out of 5 strength bilateral lower extremities, sensory diminished sensation grossly bilaterally, deep tendon reflexes 2+ and equal bilaterally, positive straight leg raise raising bilaterally, Babinski absent, Clonus absent, pulses 2+ and equal bilaterally, and decreased range of motion of the lower extremities. Therefore the claimant has been managed with opioid analgesics. The claimant has been prescribed Norco 10/325 every 4 to 6 hours as needed for. There is now a request for Tramadol 50 milligrams quantity ninety with three refills. California Medical Treatment Utilization Schedule (MTUS) regarding opioid management (Criteria for Use of Opioids 4a) holds that there be a single prescriber using a single pharmacy for all opioids to be provided. (Furthermore 4c) outlines the need for ongoing assessment of the opioids prescribed as to its efficacy by pain levels, onset of and duration of relief. None of this information is discussed in the materials nor as to why Tramadol, a second opioid is being added and what it hopes to accomplish. Therefore the request for Tramadol is not supported by the documentation provided and is not in keeping with tenets of opioid management per CAMTUS. This request remains not medically necessary.