

<b>Case Number:</b>	CM14-0147842		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	08/08/2010
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in California. 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 34 year old female who reported an injury on 08/08/2010. The mechanism of injury was he was run over by a truck. His diagnoses included cervical musculoligamentous sprain/strain, right shoulder periscapular strain, post left forearm crush injury and residual left elbow lateral epicondylitis, post lacerations of the left 3rd and 4th fingers with post-operative debridement, post bilateral knee contusions, left foot 1st and 2nd metatarsophalangeal joint sprain, mild tendinosis of the left wrist, cerebral concussion, irritable bowel syndrome, obstructive hypopnea, and depressive disorder. His treatments included a home exercise program, physical therapy, chiropractic manipulative therapy, epidural steroid injections and medial branch blocks. He had radiographs taken of the left foot, thoracic spine, and of the right rib cage, which revealed no abnormalities in 2010, an MRI of the lumbar spine revealed disc desiccation, an MRI of the left wrist, and a diagnostic ultrasound of the bilateral knees. His surgeries were not provided. On 08/14/2014 the injured worker reported lumbar spine pain with numbness and tingling. The physical examination of the lumbar spine revealed tenderness to palpitation, flexion was 37 degrees, and extension 10 degrees. His medications included Ultram ER 150mg 2 tablets daily as needed and Anaprox DS 550mg twice daily. It was noted that his pain level with medications was 5/10, without medications 6-7/10, pain relief lasted 4 hours, and he was able to perform activities of daily living and he had improved participation in a home exercise program. The treatment plan was for Ultram (tramadol ER) 150 mg #60 and 1 lumbar spine consultation. The rationale for request was he was able to perform his activities of daily living and had an improved sleep pattern. The request for authorization form was submitted on 08/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram (tramadol ER) 150 mg, #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 78, 80..

**Decision rationale:** Based on the clinical information submitted for review, the request for Ultram (tramadol ER) 150 mg #60 is not medically necessary. As stated in California MTUS Guidelines, opioids for chronic back pain seem to be effective for short-term pain relief, but long term efficacy is unclear and also appears limited. Ongoing use of opioids requires continuous documentation and assessment of pain relief, functional status, appropriate medication use, and side effects. The detailed pain assessment should include the current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The injured worker reported lumbar pain with numbness and tingling. It was noted that he had been taking Ultram for over 6 months. It is noted that the medication helps the injured worker participate in a home exercise program, perform his activities of daily living, and he had an improved sleep pattern. Although it is documented, at his last noted visit, that his pain level was 5/10 with medications and 6-7/10 without medications with relief lasting for 4 hours, there is insufficient documentation that displayed a detailed pain assessment as required per the guidelines. Also, the guidelines indicate that opioid use requires appropriate medication use, which would be evaluated by a urine drug screen with results; however, it is unknown when/if he has had a recent urine drug screen. The request failed to provide information regarding the frequency of the medication. As such, the request for Ultram (tramadol ER) 150 mg #60 is not medically necessary.

**1 lumbar spine consultation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306..

**Decision rationale:** Based on the clinical information submitted for review, the request for 1 lumbar spine consultation is not medically necessary. The California MTUS/ACOEM Guidelines note within the first three months after onset of acute low back symptoms, surgery is considered only when serious spinal pathology or nerve root dysfunction not responsive to conservative therapy (and obviously due to a herniated disk) is detected. Disk herniation, characterized by protrusion of the central nucleus pulposus through a defect in the outer annulus fibrosus, may impinge on a nerve root, causing irritation, back and leg symptoms, and nerve root dysfunction. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits and, especially, expectations are very important. If there is no clear indication for surgery, referring

the patient to a physical medicine practitioner may help resolve the symptoms. Before referral for surgery, clinicians should consider referral for psychological screening to improve surgical outcomes, possibly including standard tests such as the second edition of the Minnesota Multiphasic Personality Inventory (MMPI 2). In addition, clinicians may look for Waddell signs during the physical exam. The physician recommended a surgical consultation for the lumbar spine. It was noted that his medications allowed him to perform his activities of daily living and he was able to participate in a home exercise program. The guidelines indicate that there must be proof of severe and disabling lower leg symptoms consistent with imaging studies (radiculopathy) to be considered for surgery; however, the clinical documentation had insufficient documentation showing consistencies with his MRI of the lumbar spine that showed a large disc herniation at L5-S1. There is a lack of documentation indicating the injured worker has significant objective functional deficits. As such, the request for 1 lumbar spine consultation is not medically necessary.