

Case Number:	CM14-0168072		
Date Assigned:	10/15/2014	Date of Injury:	09/25/2012
Decision Date:	11/18/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/13/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 29 year old employee with date of injury of 9/25/2012. Medical records indicate the patient is undergoing treatment for retrolisthesis, radiculopathy and sciatica. Subjective complaints include low back pain that radiates down the left leg to the big toe. Any prolonged sitting or standing will aggravate his symptoms. Objective findings include decreased sensation in the left S1 and straight leg raise was positive in the left lower extremity. X-rays reveal retrolisthesis of L5 on S1 and foraminal stenosis at the L5-S1. (2/15/2013) An MRI of the lumbar spine found L5-S1 degenerative disk and foraminal narrowing as well as symptomatic L5-S1 retrolisthesis and sciatica. Treatment has consisted of Tramadol, Vicodin, PT, Home Exercise Program, Stretching, Chiropractic Care and Transforaminal Epidural Injection, left L5-S1, aqua therapy and documented relief from chiropractic care and aqua therapy. The utilization review determination was rendered on 9/25/2014 recommending non-certification of an Inversion table and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inversion table: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297-308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Traction

Decision rationale: ACOEM states "Traction has not been proved effective for lasting relief in treating low back pain. Because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended". ODG States "Not recommended using powered traction devices, but home-based patient controlled gravity traction may be a noninvasive conservative option, if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration. As a sole treatment, traction has not been proved effective for lasting relief in the treatment of low back pain. Traction is the use of force that separates the joint surfaces and elongates the surrounding soft tissues. The evidence suggests that any form of traction may not be effective". The treating physician provided no evidence of ongoing conservative care for the inversion table to be used as an adjunct to therapy. As such, the request for Inversion table is not medically necessary at this time.

Tramadol: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol Ultram

Decision rationale: Tramadol is classified as central acting synthetic opioids. MTUS states regarding tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/ Acetaminophen." The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. The treating physician did not document improvement with Vicodin, another opioid medication. As such, the request for Tramadol is not medically necessary.