

Case Number:	CM14-0170892		
Date Assigned:	10/23/2014	Date of Injury:	05/29/2009
Decision Date:	12/16/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/16/2014

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 Orthopedic Surgery, 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 patient is a 39 year-old female with a 5/29/09 date of injury from a motor vehicular accident. At the time of the injury, she was a restrained driver of a school bus stopped at a red light when she was suddenly rear-ended by a 4-door sedan. The patient was diagnosed with left greater than right lumbar radiculopathy to L4-5 and L5-S1 foraminal stenosis and degenerative disc disease. 9/26/14 Notice of certification indicated that post-op medication Norco 10/325mg #60, Tramadol Hcl ER 150mg #30, Anaprox 550mg #60, and Keflex 500mg #28 was found medically necessary. Post-op Tramadol 50mg #60 was not certified because Tramadol ER will allow for better pain control following surgery. The 9/24/14 Notice of certification indicated that lumbar decompressive surgery at L4-5 and L5-S1, anesthesiologist and 12 post-op PT was found medically necessary. The 9/24/14 progress note described low back pain rated as 7/10 with left greater than right lower extremity symptoms. She continued to complain of instability and near falls. She also had right wrist/hand pain, cervical pain with left upper extremity symptoms and left wrist/hand pain rated at 5/10. She reported heightened function with medications at current dosing, ADL's, exercise level and healthy activity level were maintained. Objective improvement from current dosing includes tolerance to activity and improved ROM. Hydrocodone 10mg decreased pain level an average of 4 points, provided greater tolerance to activity and maintenance of ADL's. Hydrocodone was used for "breakthrough pain". No side effects with Hydrocodone 10mg dosing noted. NSAID decreased pain rate and provided greater ROM. GI upset was noted with or without PPI at qd and bid dosing. She had decreased spasm and Gabapentin decreased neuropathic pain. Voltaren gel helped. Clinically, tenderness at lumbar and cervical spine was noted. ROM was limited due to pain. SLR was positive on the left for pain to foot at 35 degrees and right for pain to distal calf at 40 degrees. Recommendation was

lumbar decompression surgery at L4-5 and L5-S1. Treatment to date has included medications, lumbar epidural injections, therapy, chiropractic care, and use of front wheel walker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative prescription for tramadol 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids

Decision rationale: Medical necessity for post-op Tramadol 50mg #60 is not established. There is a recent certification for lumbar decompression surgery at L4-5 and L5-S1. Subsequently, a notice of certification was received for post-op medications Norco 10/325mg #60, Tramadol Hcl ER 150mg #30, Anaprox 550mg #60, and Keflex 500mg #28. The requested post-op medication Tramadol 50mg #60 is non-certified due to reason that Tramadol ER will allow for better pain control following surgery. CA MTUS states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms; they should be used only if needed for severe pain and only for a short time, such as in a postoperative setting. However, multiple medical records were reviewed; including RFAs, and the frequency of use for these opioid medications has not been specified and MED cannot be calculated. It cannot be determined whether the daily morphine dose is considered high risk for addiction and in worst cases can be fatal. In addition, it is unclear why more than 2 opioids are necessary during the post-operative setting. The request for Post-Operative Tramadol is not medically necessary.