

<b>Case Number:</b>	CM14-0028143		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	08/15/2009
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine & Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 08/15/09. He was seen on 10/17/11 with back and leg pain. An epidural injection had improved his leg symptoms. Back pain was rated at 8/10. Physical examination findings included positive left lower extremity neural tension signs and paresthesias. The assessment references a diagnosis of L4-S1 laminectomy with post-laminectomy syndrome. A lumbar spine fusion was considered. On 03/21/13 he had decreased lumbar spine range of motion with diffuse tenderness and a positive left straight leg raise. Medications were tramadol 37.5/325 mg, Ketoprofen 75 mg two times per day, and Prilosec 20 mg. Treatments included a spinal cord stimulator trial. With spinal cord stimulation he reported a 50-60% symptom improvement and improved functioning. He was having breakthrough symptoms with physical activity. He had decided against lumbar spine fusion surgery. On 09/11/13 there had been a loosening of spinal cord stimulator wires with a loss of stimulation coverage. He had increased pain rated at 7-8/10. Permanent implantation was performed on 09/19/13. On 09/25/13 pain was rated at 5-6/10. On 10/23/13 he was having good stimulation with coverage of the low back and left leg. Pain was rated at 5-6/10. The stimulator was reprogrammed. He was continued at temporary total disability planned until October 2013. On 10/09/13 there had been a gradual improvement. Recommendations included restricted activities for two months and then participation in physical therapy. The assessment references the claimant as motivated, weaning medications, and wanting to try to return to work. He was continued at temporary total disability planned until November 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Clinical Escalation Alert for new start long acting Opioid Tramadol HCL 150mg ER, quantity: 30 x 2:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medication Page(s): 124.

**Decision rationale:** The claimant is more than 6 years status post work-related injury with treatments including a lumbar disctomy. He continues to be treated for chronic pain with a diagnosis of post-laminectomy syndrome. He is status post successful spinal cord stimulator placement and there is a plan to wean his medications which have included tramadol, prescribed on a long term basis. In terms of weaning opioids, a slow taper is recommended and it is noted that the longer the patient has taken opioids, the more difficult they are to taper. Greater success may occur when the patient is switched to longer-acting opioids and then tapered. In this case therefore, switching the claimant to sustained release tramadol is considered medically necessary and appropriate.