

Case Number:	CM14-0212606		
Date Assigned:	12/30/2014	Date of Injury:	06/27/2007
Decision Date:	02/27/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 53-year-old male with injury date of 08/27/07. Based on the 11/14/14 progress report provided by treating physician, the patient complains of radiating pain into the right lower extremity to the toes and numbing and tingling of the right lower extremity as well as pain radiating from his neck to the mid back. Based on progress report dated 06/20/14, patient was treated with epidural injections in 2007, 2008, and 2009. Per operative report dated 7/17/14, the patient is status-post lumbar epidural block/lumbar lysis of adhesion which proved effective in resolving the pain considerably allowing him to return to work. Physical examination of 10/08/14 included a positive straight leg test at 70 degrees on the left and 45 degrees on the right. Patient's medications include Tramadol, Transdermal creams, Neurontin, Naproxen, and Flexeril, per progress report dated 06/09/14. Tramadol was included in patient's medications per progress reports dated 06/20/14 and 11/14/14. Per urinalysis report dated 10/08/14, results were compliant with prescribed medications. Per progress report dated 07/17/14, treater states that "patient has experienced recent recurrences of his low back pain in the right lower extremity." EMG/NCV 06/02/14-positive right L5, S1 radiculopathyDiagnosis 11/14/14- Low back pain - lumbar spine strain - Multi level lumbar disc protrusion- L3-4 Annular tear- cervical spine pain- cervical strain- Multi level cervical spine disc protrusion The utilization review determination being challenged is dated 11/24/14. The rationale is "...the patient was on Tramadol at least since November 2013 but there is no documentation regarding improvement in pain and function. There is no evidence of pain agreement..."Treatment reports were provided from 06-20-14 - 11/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60, no refills, for a taper, unless substantiating documentation can be obtained: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 75, 78, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids, Medication for chronic pain Page(s): 88, 89, 76-78, 60-61.

Decision rationale: The patient presents with radiating pain into the right lower extremity to the toes and numbing and tingling of the right lower extremity as well as pain radiating from his neck to the mid back. The request is for Tramadol 50mg #60, no refills, for a taper, unless substantiating documentation can be obtained. Patient's diagnosis on 11/14/14 included multi-level lumbar and cervical spine disc protrusions. Per operative report dated 7/17/14, the patient is status-post lumbar epidural block/lumbar lysis of adhesion. Patient's medications include Tramadol, Transdermal creams, Neurontin, Naproxen, and Flexeril, per progress report dated 06/09/14. Tramadol was included in patient's medications per progress reports dated 06/20/14 and 11/14/14. Patient has also received chiropractic treatments. Patient work status is not reported. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per progress report dated 07/17/14, treater states that "patient has experienced recent recurrences of his low back pain in the right lower extremity." In this case, treater has not stated how Tramadol reduces pain and significantly improves patient's activities of daily living; there are no pain scales; the four A's are not specifically addressed including discussions regarding analgesia, adverse effects, and specific ADL's, etc. Urinalysis report dated 10/08/14, revealed results were compliant with prescribed medications, however there were not discussions regarding aberrant behavior. No CURES report or pain contracts were mentioned. No change in work status or return to work, either. Given the lack of documentation as required by MTUS, the request is not medically necessary.