MAXIMUS Federal Services

Case Number:	CM14-0212773		
Date Assigned:	12/30/2014	Date of Injury:	07/08/2009
Decision Date:	03/03/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/19/2014

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: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 59-year-old right-handed woman who sustained a work-related injury on July 8, 2009. Subsequently, she developed chronic low back pain. The follow-up report dated November 25, 2014 documented that the patient has been having intermittent lightheadedness and dizziness that comes with sudden changes of the position of the head as well as intermittent headaches. The MRI of the brain was essentially unremarkable. The patient's headaches were mainly related to the residual muscle spasm of the neck muscles. MRI of the lumbosacral spine dated April 15, 2014 showed clumping of the nerve roots that were displaced more anteriorly within the spinal canal. There was also a small postoperative rim-enhancing fluid collection at the L4-5 level dorsal to the spinous process. The patient had a CT myelogram of the lumbar spine that showed evidence of arachnoiditis affecting the right L5 nerve root and this explained the patient's persistent parsthesias in the right leg. Overall, the patient has been gradually improving and has been required to take her medications to control the paresthesias in her leg. Objective findings included: strength of 4+/5 of the right dorsiflexors and hamstring muscles, sensory loss in the dorsal aspect of the right foot, deep tendon reflexes were symmetric, the gait was slow. The patient had a limp with her right leg when walking. There was evidence of moderate muscle spasm in the lumbosacral musculature that was more obvious on the right side. The patient was diagnosed with lumbar radiculopathy secondary to clumping of the right L5 nerve root with arachnoiditis. The provider requested authorization for Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework.There is no clear recent and objective documentation of pain and functional improvement in this patient with previous use of Tramadol. There is no clear documentation of compliance and UDS for previous use of tramadol. Therefore, the prescription of Tramadol 50mg Qty:120 is not medically necessary.