

Case Number:	CM15-0005066		
Date Assigned:	06/02/2015	Date of Injury:	06/11/2013
Decision Date:	07/03/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/09/2015

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 & Rehabilitation

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 injured worker is a 58 year old male who sustained an industrial injury on 06/11/13. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies include MRI of the cervical and lumbar spine and electrodiagnostic studies of the upper extremities. Current complaints include low back pain radiating down the left leg to the ankle. Current diagnoses include lumbar radiculopathy, lumbar disc disease, cervical disc herniation multiple levels, cervicgia, spasm of the muscle, and long term use of medications. In a progress note dated 12/11/14 the treating provider reports the plan of care as continued Neurontin, fenoprofen, tramadol, Norco, lidocaine patches, ketoprofen ointment, as well as a urine drug screen. The requested treatments include tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents on 12/11/14 with radiculopathic pain in the left lower extremity and associated weakness following recent fall. The pain is rated 6/10 with medications, 9/10 without. The patient's date of injury is 06/11/13. Patient is status post hemilaminotomy, foraminotomy, and discectomy at L2-3, and L3-4 levels on 03/19/10, and status post unspecified right knee surgeries (last 1988). The request is for TRAMADOL ER 150MG FOR THE PURPOSE OF A TRIAL TO TAPER TO CESSATION BY DECREASING DOSAGE 10% EVERY 2-4 WEEKS. The RFA was not provided. Physical examination dated 12/11/14 reveals tenderness to palpation and spasms of the cervical paraspinal muscles, trapezius muscles, and L3-L5 paraspinal muscles. Neurological examination reveals decreased motor strength in the bilateral lower extremities, decreased deep tendon reflexes in the bilateral ankles, and decreased sensation to pinprick along the lateral aspect of the right leg. The patient is currently prescribed Neurontin, Fenoprofen, Tramadol, Lidocaine patches, and Methadone. Diagnostic imaging included lumbar MRI dated 06/17/13, significant findings include: "L3-4: 6mm broad based posterior herniation... L4-5: 5mm posterior herniation narrowing bilateral neural foramina...4mm L1-2 post and left foraminal herniation." Patient's current work status is not provided. 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. In regard to the continuation of Tramadol for the purposes of weaning, the request is appropriate. Progress note dated 12/11/14 includes documentation of pain reduction from 9/10 to 6/10 attributed to medications. Addressing functionality, it is stated that use of medications allows this patient to take walks. As for medication consistency, it is noteworthy that this patient has an inconsistent urine drug screen, dated 06/19/14, which is positive for opiates not listed among this patient's medications. It is possible that this was the result of a failure to self-report medications, as progress note dated 12/11/14 indicates that this patient is receiving Methadone from another provider for a previous injury. It appears that the progress note dated 12/11/14 intends to consolidate this patient's care by the cessation of Methadone and then wean this patient's Tramadol by 10 percent every 2-4 weeks. Given the stated intent to wean this patient's opiate medications, the request as written is substantiated. The request IS medically necessary.