

Case Number:	CM15-0016899		
Date Assigned:	02/05/2015	Date of Injury:	12/18/2013
Decision Date:	07/01/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/29/2015

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: Arizona, Texas
Certification(s)/Specialty: Internal 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 injured worker is a 51 year old female, who sustained an industrial injury on 12/18/2013. She reported a slip and fall onto her buttocks, hurting her low back and buttocks. The injured worker was diagnosed as having sacroiliitis, clinically consistent lumbar radiculopathy, lumbar facet pain, and low back pain. Treatment to date has included diagnostics, physical therapy, and medications. Magnetic resonance imaging of the lumbar spine (5/06/2014) was documented as showing left foraminal disc herniation at L2-3, with mild to moderate left foraminal encroachment, bilateral foraminal encroachment at L3-4 and L4-5, central disc protrusion with tear at L5-S1, with minimal mass effect upon S1 nerve root, and mild to moderate facet degeneration at L4-5 and L5-S1. On 12/12/2014, the injured worker complained of persistent left low back and posterior hip pain, with radiation to her left groin area. Pain was rated 3/10 and was increased with activity and walking. Rest and medications were documented as helpful, along with use of a transcutaneous electrical nerve stimulation unit during therapy. A Qualified Medical Examination was referenced, noting no recommendations for surgery and the injured worker declined steroid injections. Her symptoms were positive for anxiety and depression. Exam noted tenderness and spasms to the left lumbar paraspinal muscles, along with tenderness to the sacroiliac joint and iliac spine. Patrick test was positive on the left. Motor exam was 5/5 and sensation was intact. Symptoms were unchanged. The treatment plan included continued medications, including Tramadol, continued home exercise, and transcutaneous electrical nerve stimulation home trial. The use of Tramadol was noted since at least 8/2014. Progress reports note the use of Tramadol and Voltaren gel, noting minimal effectiveness, and Tramadol side effects on stomach. Work status was modified with restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 74-96.

Decision rationale: Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. With regards to using opioids for chronic pain they have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are not trials of long-term use. The use of opioids for chronic back pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16weeks), but also appears limited. The major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (<70 days). This leads to a concern about confounding issues such as tolerance, opioid-induced hyperalgesia, long-range adverse effects such as hypogonadism and/or opioid abuse. The major goal of continues use is improved functional status. Tramadol is a synthetic opioid affecting the central nervous system. Its use may increase the risk of seizure especially in patients taking SSRIs, TCAs and other opioids. Tramadol may produce life-threatening serotonin syndrome, in particular when used concomitantly with SSRIs, SNRIs, TCAs and MAOIs, and triptans or other drugs that may impair serotonin metabolism. Tramadol is indicated for moderate to severe pain. In this case the patient has been using tramadol for chronic pain for an extended amount of time. The documentation doesn't support that the patient has had meaningful improvement in function while taking this medication. This request is not medically necessary.