

Case Number:	CM15-0111956		
Date Assigned:	06/18/2015	Date of Injury:	03/25/2003
Decision Date:	07/17/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/10/2015

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, Indiana, New York
 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 64 year old female, who sustained an industrial injury on 3/25/03. The diagnoses have included cervical and lumbar disc disease, post laminectomy syndrome and bilateral sacroiliitis. Treatment to date has included medications, physical therapy, aqua therapy, massage, sacroiliac injection, lumbar surgery and home exercise program (HEP). Currently, as per the physician progress note dated 4/28/15, the injured worker complains of persistent neck and low back pain for past two years which has worsened over the past year and is being partially controlled with medication management. He also complains of bilateral sciatica to the lower extremities, odd paresthesia to the right foot and pain down the left leg to the foot. The biggest problem is the bilateral sacroiliac joint pain and it is noted that the surgery was denied. The physical exam reveals neck pain with full anterior flexion, extension, and bilateral rotation greater than 60 degrees. The lumbar exam reveals back pain radiates to the lower back, pelvis with anterior flexion greater than 45 degrees, pain with extension greater than 30 degrees, bilateral rotation greater than 45 degrees, lateral bend greater than 40 degrees and pain with palpation of the bilateral sacroiliac joints. The diagnostic testing that was performed included computerized axial tomography (CT scan) of the lumbar spine and X-ray of the sacrum and coccyx. The current medications included Flexeril, topical analgesic compounded creams, capsaicin, Tramadol, and Tylenol #3. There is no previous urine drug screen reports noted in the records. The physician requested treatments included Tylenol #330/300mg #30 and Tramadol 50mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 30/300mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tylenol #3 30/300 #30 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are bilateral sacroiliitis; cervical disc disease; lumbar disc disease; and post laminectomy syndrome. The date of injury is March 25, 2003. The request for authorization is dated April 30, 2015. The earliest progress note that contains Tylenol #3 and tramadol is dated December 23, 2014. There are no pain scores in the medical record. There is no objective functional improvement to support ongoing Tylenol #3. There are no risk assessments and detailed pain assessments in the medical record. There is no attempt to wean Tylenol #3 and the medical record. According to the utilization review, Tylenol #3 was modified to #45 pills with no refills. Consequently, absent clinical documentation with evidence of objective functional improvement, VAS pain scores, a prior modification of Tylenol #3, a risk assessment and detailed pain assessment and an attempt to wean Tylenol #3, Tylenol #3 30/300 #30 is not medically necessary.

Tramadol 50mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 50mg # 30 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate

medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are bilateral sacroiliitis; cervical disc disease; lumbar disc disease; and post laminectomy syndrome. The date of injury is March 25, 2003. The request for authorization is dated April 30, 2015. The earliest progress note that contains Tramadol 50 mg is dated the Sever 23rd 2014. The worker has ongoing low back pain. There were no pain scores and medical record. Tramadol was modified on February 2, 2015 from #60 tablets to #30. There is no documentation demonstrating objective functional improvement. There were no risk assessments or detailed pain assessments. There are no pain scores in the medical records. Consequently, absent clinical documentation with objective functional improvement, risk assessments, detailed pain assessments or an attempt to wean Tramadol, Tramadol 50mg # 30 is not medically necessary.