

Case Number:	CM15-0114203		
Date Assigned:	06/22/2015	Date of Injury:	10/25/1991
Decision Date:	07/22/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/12/2015

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 68 year old male, who sustained an industrial injury on 10/25/91. He has reported initial complaints of low back injury with left lower extremity (LLE) weakness. The diagnoses have included lumbar post laminectomy syndrome, lumbar disc displacement with radiculitis, and chronic pain syndrome. The past history includes obesity, depression and hypertension. Treatment to date has included medications, diagnostics, surgery, epidural steroid injection (ESI), acupuncture, physical therapy, chiropractic, and other modalities. Currently, as per the physician progress note dated 5/6/15, the injured worker had a lumbar epidural steroid injection (ESI) on 4/7/15 and reports the pain had decreased by 50 percent with increased activity, function, better sleeping and decreased use of narcotic medication. He reports bilateral low back pain rated 4/10 on pain scale. He also complains of pain in the left buttocks with radiating of pain down the left leg. He reports chronic continued weakness and numbness of the left leg. He also reports that the pain has improved. The physical exam reveals that he is in mild to moderate discomfort. The lumbar exam reveals positive straight leg raise bilaterally, diffuse facet tenderness bilaterally and reports that it was better prior to the epidural steroid injection (ESI), positive facet loading test bilaterally, sacroiliac joint tenderness bilaterally, sciatic notch tenderness bilaterally, left worse than right, spine extension is restricted and painful, and he is unable to flex forward. The gait is antalgic with high step gait with the left lower extremity (LLE). There is piriformis tenderness on the left and he is unable to stand on heels and toes. There is diminished sensation both legs worse on the left with hyperpathia over the left leg and foot with diminished sensation to touch. The diagnostic testing that was performed included

Magnetic Resonance Imaging (MRI) and x-ray of the lumbar spine and electromyography (EMG)/nerve conduction velocity studies (NCV) of the bilateral lower extremities. The current pain medications included Tramadol, Ibuprofen, Trazadone, and Omeprazole. The urine drug screen dated 2/4/15 was consistent with the medications prescribed. The physician requested treatment included 1 prescription Tramadol 50mg #60 for chronic back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment, Criteria for Use of Opioids, Long-term Users of Opioids (6-months or more); Weaning of Medications.

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 05/06/15 with lower back pain (worse on the left) which radiates into the left lower extremity and associated numbness, tingling, and weakness in the affected limb. The pain is rated 4-5/10 on average, 2-3/10 at best, and 10/10 at worst. The patient's date of injury is 10/25/91. Patient is status post left sided lumbar ESI at L5-S1 levels on 04/07/15, 02/17/14, and 04/08/13. The request is for 1 PRESCRIPTION TRAMADOL 50MG #60. The RFA is dated 05/06/15. Physical examination dated 05/06/15 reveals diffuse tenderness to palpation of the lumbar spine, with facet tenderness bilaterally and positive facet loading test noted, tender SI joints bilaterally (worse left), and positive straight leg raise bilaterally. Neurological examination reveals decreased sensation to light touch in the outer aspect of the bilateral lower extremities in the L5-S1 dermatomal distribution (worse left). The patient is currently prescribed Tramadol, Ibuprofen, Orphenadrine, Loratadine, Losartan, Guiafensin, Simvastatin, and Trazodone. Diagnostic imaging included lumbar MRI dated 11/07/11, significant findings include: "bulging left paracentral bulge with annular tear at L5-S1... bilateral foraminal narrowing noted at L5-S1... mass effect secondary to disc protrusion at L1-L2... bilateral facet arthropathy noted at L5-S1 level." Patient's current work status is not provided. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "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 under Criteria For Use of Opioids, Therapeutic Trial of Opioids, 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 requested Tramadol for the maintenance of this patient's chronic lower back pain, the treater has not provided adequate documentation to substantiate use. This patient has been prescribed Tramadol since at least 11/06/14. In regard to efficacy, most recent progress note dated 05/06/15 does not provide documentation of analgesia attributed to narcotic medications. There is a lengthy discussion regarding the efficacy of a recent lumbar ESI, however there is no documentation of analgesia attributed to narcotic medications. In regard to narcotic efficacy, this progress note has

the following: "He has been using a narcotic pain medication which is TRAMADOL, and lately this has not been helping with his pain." There is also mention of this patient being able to perform ADL's and function in general, however no activity-specific improvements attributed to narcotic medications are provided. Addressing medication compliance, a consistent UDS dated 02/04/15 was included, and there is an explicit statement of a lack of aberrant behavior. MTUS guidelines require documentation of analgesia via a validated scale, activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, the latter two criteria have been satisfied, however without documented analgesia and functional improvements attributed to narcotic medications, continuation cannot be substantiated. Owing to a lack of complete 4A's documentation, the request IS NOT medically necessary.