

Case Number:	CM15-0120981		
Date Assigned:	07/01/2015	Date of Injury:	11/01/2005
Decision Date:	08/04/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/23/2015

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, Pain Management

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 42 year old female, who sustained an industrial injury on 11/1/05. Initial complaints were of cumulative type trauma for low back and right leg. The injured worker was diagnosed as having lumbosacral spondylosis; sciatica; lumbar disc displacement without myelopathy; pain in the thoracic spine. Treatment to date has included psychiatric consultation; Cognitive-Behavioral Therapy; physical therapy; medications. Diagnostic studies included MRI lumbar spine (5/26/06; 6/27/07; 4/12/11; 8/15/13); MRI thoracic spine (4/12/11); MRI cervical spine (4/12/11); EMG/NCV study (7/5/07; 5/11/11). Currently, the PR-2 notes dated 4/1/15 indicated the injured worker complains of night sweats and severe fatigue but denies chills and fever. She complains of dizziness and headaches and blurry vision wearing her glasses. She complains of neck pain but denies any lumps in her neck. She complains of constipation, heartburn, nausea and abdominal pain but denies black tarry stool or throwing up blood. She also complains of anxiety and depression but denies any hallucinations and suicidal thoughts. Her surgical history notes she is a status post percutaneous discectomy at L5-S1 in 2008. The provider reviewed a lumbar spine MRI from 8/15/13 noting L5-S1 facet joint arthropathy causing mild right-sided foraminal narrowing with no obvious nerve root impingement. He also reviewed a bilateral lower extremity EMG dated 5/11/11 that reveals no electrical evidence of lumbar radiculopathy affecting the back or legs. There is no evidence of a superimposed plexopathy or focal sciatic or tibial neuropathy to otherwise explain her symptoms. The provider notes her symptoms have some features of piriformis syndrome, with radiation of pain from the buttocks in the distribution of the sciatic nerve. Further pain management could entail injections

around the sciatic nerve where it goes beneath the piriformis, specialized physical therapy for piriformis syndrome, or further attempts to block the pain in the spinal canal with a spinal pump or stimulator. The provider listed her medications as Tramadol HCL ER 100mg one daily, Lidocaine 5% ointment twice daily application, Ibuprofen 600mg (for sensitive stomach) twice daily, Protonix DR 20mg 1-2 daily, Cymbalta 20mg twice daily and Senokot-S 8.6-50mg twice daily. The provider's treatment plan included DSS 250mg Soft gel #90 with 3 refills and Tramadol HCT ER 100mg #60 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dss 250mg softgel #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 77, 78, and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for DSS, California Pain Medical Treatment Guidelines support the prophylactic treatment of constipation for patients utilizing opioid therapy. In this case, the opioid has been determined to be not medically necessary. Therefore, the currently requested DSS is not medically necessary.

Tramadol Hcl ER 100mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 77, 78, and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Tramadol ER, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS) and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. In light of the above issues, the currently requested Tramadol ER is not medically necessary.