

Case Number:	CM15-0121078		
Date Assigned:	07/01/2015	Date of Injury:	02/08/2009
Decision Date:	07/30/2015	UR Denial Date:	06/05/2015
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

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 59 year old male with an industrial injury dated 02/08/2009. The mechanism of injury is documented as a fall with injury to low back. His diagnoses included chronic low back pain, lumbar discogenic pain, right lumbar 5 radiculopathy and chronic pain syndrome. Prior treatments included epidural steroid injections and medications. The formal MRI report is not on the chart however the provider documents the MRI dated 01/14/2014 showed a tear in the posterior annulus on the left side which is adjacent to the left lumbar 5 nerve with moderate stenosis of the right and left neural foramina at lumbar 4-5. The right lumbar 4 nerve appears to be entrapped. Electro diagnostic studies are documented as showing chronic right lumbar 5 radiculopathy. The formal electro diagnostic study report is not included in the submitted records. The provider documents his condition has not changed. He presents on 05/22/2015 with continued complaints of low back pain described as aching and stabbing. He rates the pain as 10/10 without medication and 4-5/10 with medication. He also complains of numbness in his thighs and muscle spasms in his low back. He underwent lumbar epidural steroid injection on 11/25/2014 which significantly reduced his pain. He is taking Tramadol ER which has also been helping. He is able to walk without a cane and can stand for a longer period. Flexeril helps with the muscle spasms and sleep. Physical exam revealed negative straight leg raising bilaterally. Strength was normal for both lower extremities and he ambulated independently without an assistive device with a normal gait. His medications are Flexeril, Naproxen and Tramadol. The request is for Tramadol 150 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Pain symptoms and clinical findings remain unchanged for this chronic injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to improved work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Tramadol 150mg #60 is not medically necessary and appropriate.