

Case Number:	CM15-0123547		
Date Assigned:	07/08/2015	Date of Injury:	11/29/2010
Decision Date:	09/10/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/26/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 57 year old female, who sustained an industrial injury on 11/29/10. She reported injuries to neck, lower back and hip after being struck by a car while working as a crossing guard. The injured worker was diagnosed as having lumbar sprain/strain, lumbar radiculopathy, myospasm with myofascial trigger points of lumbosacral paraspinous, cervical sprain/strain with radiculopathy to bilateral upper extremities, depression and anxiety due to pain. Treatment to date has included lumbar epidural steroid injections, topical creams, oral medications including Norco, Oxycodone, Hydroxyzine, Nifedipine, Mirtazapine, Benazepril, Risperidone, Tramadol and Soma; physical therapy, acupuncture treatments, cold unit, interferential unit and activity restrictions. (MRI) magnetic resonance imaging performed 5/6/15 noted L4-5 disc desiccation and degeneration, bilateral neural foraminal compromise and 2-3mm disc protrusion and L5-S1 hypertrophy of posterior inferior endplate of L5, 4-5mm disc protrusion and bilateral neural foraminal exit compromise without spinal stenosis. Currently on 6/5/15, the injured worker complains of low back pain with radiation to bilateral lower extremities and cervical pain with radiation to bilateral shoulder and upper extremities; she rates the pain 9/10 and describes it as sharp, intermittently numb and occasionally sharp and numb. She notes it is exacerbated with walking and standing and alleviated with medications and lying down with a heating pad. She also complains of depression secondary to pain and notes the pain affects her sleep. Her work status is not documented at this visit, however on 4/22/15 she was noted to be temporarily totally disabled. Physical exam performed on 6/5/15 noted an antalgic gait with restricted lumbar range of motion due to pain, myospasm with myofascial trigger points and referred pain with twitch response along bilateral lumbosacral paraspinous

musculature and diminished sensation along the L4-5 distributions bilaterally, right greater than left. The treatment plan included lumbar transforaminal epidural steroid injection, continuation of cane for ambulation, continuation of medications, follow-up appointments, request for authorization of Butrans patches and a prescription for Tramadol 50mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Buprenorphine Page(s): 78; 26-27.

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

Decision rationale: According to CA MTUS guidelines, use of opioids requires an ongoing review and documentation of pain relief and improved functional status. The injured worker had been prescribed Tramadol ER, Oxycodone and Norco in the past for an unknown length of time. The injured worker noted her pain level was 9/10; it is not noted if this is with or without pain medications and it is not noted length of time relief from pain lasts. Improvement in functional status is not documented. Documentation states she has not received Butrans patches, which were previously prescribed. Buprenorphine and Tramadol were detected in the urine drug screen collected on 4/22/15. It is not noted if a pain contract is on file for the injured worker. In addition, on 4/22/15 the treatment plan included a request for pain management to get the injured worker off narcotics. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.