

Case Number:	CM15-0147243		
Date Assigned:	08/10/2015	Date of Injury:	03/15/2005
Decision Date:	10/08/2015	UR Denial Date:	07/03/2015
Priority:	Standard	Application Received:	07/29/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 53 year old male who sustained an industrial injury on 3/15/05. Injury occurred when he was moving a 250 to 350-pound drum. The 5/29/09 lumbar spine MRI impression documented minimal annular disc bulge at L2/3 and L3/4, and mild annular disc bulge at L5/S1 slightly more prominent on the right without nerve root compression. At L4/5, there was a mild to moderate annular disc bulge with moderately severe left neuroforaminal compromise partially obliterating the fat surrounding the nerve root. A request was noted on 6/9/10 for artificial disc replacement at the L4/5 and L5/S1 levels to be performed in [REDACTED]. The 6/29/15 treating physician report indicated that the injured worker had not been seen for over a year. He continued to need 3 disc replacement which was not available in the [REDACTED]. He had been advised not to have his back fused. He reported that his back hurt all the time and there was no change in the chronic right leg numbness and weakness. There was no change in the radiation of pain going down his leg or bowel/bladder function. He was taking Tramadol ER 100 mg and was able to do more when he took it. Pain increased if he stopped taking the medication. Physical exam documented spinous process and vertebral tenderness from L2 down, and bilateral paravertebral muscle tenderness bilaterally. He had 4/5 motor strength bilaterally in the leg muscle groups, limited by pain. Deep tendon reflexes were 1+ over the right knee, 2 to 3+ over the left knee, and absent at both ankles. Sensation was decreased diffusely over the right leg. Straight leg raise was positive bilaterally, and gait was within normal limits. The treatment plan requested 3-level disc replacement and continuation of tramadol twice daily. Authorization was requested for Tramadol ER 100 mg #60 with 5 refills and a 3-level disc replacement procedure.

The 7/3/15 utilization review modified the request for Tramadol ER 100 mg #60 with 5 refills to one prescription of Tramadol ER 100 mg #45 as there was no documentation of sustainable aspects of functional improvement, decreased levels of pain, or urine drug screens. The request for 3-level disc replacement surgery was non-certified as guidelines did not support this procedure based on lack of evidence of efficacy versus the more readily accepted lumbar fusion, and there was no explanation as to why the injured worker was not a candidate for fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 100 MG #60 with 5 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

Decision rationale: The California MTUS indicate that opioids, such as Tramadol, are recommended for moderate to moderately severe pain. Tramadol is an opioid analgesic and is not recommended as a first line oral analgesic. If used on a long-term basis, the criteria for use of opioids should be followed. On-going management requires prescriptions from a single practitioner taken as directed, all prescriptions from a single pharmacy, review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Guideline criteria have not been fully met. There is no current pain assessment documenting current pain level, specific reduction in pain with this medication, and duration of relief. There is no functional assessment, although records indicate that he was continuing to work. The 7/3/15 utilization review modified this request for Tramadol ER 100 mg #60 with 5 refills to Tramadol ER 100 mg #45. There is no compelling rationale to support the medical necessity of additional Tramadol for this patient in the absence of documented functional benefit and specific pain reduction. Therefore, this request is not medically necessary at this time.

3-Level Disc Replacement Procedure: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar and Thoracic (Acute and Chronic): Disc Prosthesis.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Disc prosthesis.

Decision rationale: The California MTUS guidelines do not recommend artificial disc replacement and state this should be regarded as experimental at this time. The Official Disability Guidelines state that artificial disc replacement is not recommended. The studies have failed to demonstrate superiority of disc replacement over lumbar fusion, which is also not a recommended treatment in ODG for degenerative disc disease. Furthermore, longevity of this procedure is unknown, especially in younger patients and the consequences of failure of an implant in close proximity to caudal equina and vital organs (e.g., aorta, vena cava and iliac arteries) are of concern. Indications for use include primary back pain and/or leg pain in the absence of nerve root compression with single level disease. Guideline criteria have not been met. This injured worker presents with low back pain radiating to his right leg with numbness and weakness. Clinical exam findings are consistent with imaging evidence of plausible L4/5 and L5/S1 nerve root compromise. Detailed evidence of long-term reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, guidelines do not recommend artificial disc replacement and current indications include primary back pain and/or leg pain in the absence of nerve root compression with single level disease. There is no compelling rationale presented to support the medical necessity of a 3 level artificial disc replacement as an exception to guidelines. Therefore, this request is not medically necessary.