

Case Number:	CM15-0096987		
Date Assigned:	05/28/2015	Date of Injury:	03/23/2010
Decision Date:	07/01/2015	UR Denial Date:	05/02/2015
Priority:	Standard	Application Received:	05/19/2015

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:

This 46-year-old male sustained an industrial injury to the low back on 3/17/10. Previous treatment included magnetic resonance imaging, physical therapy, epidural steroid injections, home exercise and medications. In a PR-2 dated 4/20/15, the injured worker complained of increased low back pain associated with bilateral lower extremity radicular pain and weakness. The injured worker reported that he had been without Lyrica, Tramadol and Soma for over a month due to insurance denial. The injured worker rated his pain 10/10 on the visual analog scale without medications and 6/10 with medications. At the time of the office visit, the injured worker's pain was 9/10. The injured worker reported that medications kept him functional, allowing for increased mobility and tolerance of activities of daily living and home exercises. Physical exam was remarkable for tenderness to palpation to the paraspinal with multilevel disc protrusions and paraspinal muscle spasms, decreased range of motion, decreased strength and sensation to bilateral lower extremities and positive bilateral straight leg raise. The injured worker walked with an antalgic gait. Current diagnoses included lumbar disc displacement without myelopathy, lumbar spine degenerative disc disease, lumbar spine stenosis, lumbar spine radiculopathy and lumbar facet arthropathy. The injured worker had been prescribed Tramadol since at least 12/30/14. The treatment plan included continuing medications (Percocet, Soma, Lyrica, Tramadol and Trazadone), continuing home exercise and re-requesting approval for lumbar epidural steroid injections and neurosurgical consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16, 78-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Insomnia treatment.

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

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). 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 change in functional 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 without acute flare, new injury, or progressive deterioration. The Tramadol HCL 50mg #180 is not medically necessary and appropriate.