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| Case Number: | CM15-0099120 | | |
| Date Assigned: | 06/01/2015 | Date of Injury: | 12/10/2014 |
| Decision Date: | 07/07/2015 | UR Denial Date: | 04/25/2015 |
| Priority: | Standard | Application Received: | 05/22/2015 |

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 44 year old male who sustained an industrial injury on 12/10/2014. Current diagnosis includes lumbar disc displacement without myelopathy. Previous treatments included medication management. Initial injuries included the low back when the worker was carrying wood weighing 60 pounds. Report dated 04/22/2015 noted that the injured worker presented with complaints that included low back pain with radiation into the right posterior buttock and thigh and associated numbness and tingling down the right leg to the ankle. It was noted that the injured worker has been approved to start physical therapy, but has not began therapy yet. It was also documented that medication improves the injured worker's pain by more than 50%. Pain level was not included. Physical examination was positive for antalgic gait, spasm and guarding in the lumbar spine, and straight leg raise was positive on the right. Current medication regimen includes gabapentin, nabumetone-Relafen, Tramadol/APAP, and ibuprofen. The treatment plan included request for Tramadol/APAP, appeal nabumentone and gabapentin, and follow up in 4 weeks. Disputed treatments include request for Tramadol/APAP 37.5/325mg #90 and request for Tramadol/APAP 37.5/325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP 37.5/325mg #90 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: On-Going Management; When to Continue Opioids Page(s): 78, 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents with lower back pain radiating into the right posterior buttock and thigh along with numbness and tingling in right leg and ankle, as per progress report dated 04/22/15. The request is for 1 Prescription For Tramadol/APAP 37.5/325 mg # 90. The RFA for the case is dated 01/28/15, and the patient's date of injury is 12/10/14. The patient is status post right foot surgery in 1991, and has been diagnosed with lumbar disc displacement. Medications included Tramadol, Nabumetone and Gabapentin. The patient has been allowed to return to work with restrictions, as per the same progress report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, a prescription for Tramadol is first noted in progress report dated 01/27/15, and the patient has been taking the medication consistently at least since then. The treater states that medications provide greater than 50% temporary relief in lower back pain, as per progress report dated 04/22/15. As per UR appeal letter dated 05/05/15 after the UR denial date, the patient is able to perform activities of daily with decreased pain. This medication does provide significant decrease in pain as well as improvement in function. The patient uses one tablet every eight hours without any side effects. CURES report dated 12/10/14 is consistent. The treater, however, does not discuss urine toxicology screening. Additionally, the treater does not provide specific examples of ADLs that indicate improvement in function. MTUS requires a clear discussion regarding the 4As, including analgesia, ADLs, adverse reactions, and aberrant behavior, for continued opioid use. Hence, the request is not medically necessary.