

Case Number:	CM13-0005408		
Date Assigned:	03/12/2014	Date of Injury:	02/24/2006
Decision Date:	04/10/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/01/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

According to the records made available for review, this is a 56-year-old male with a 2/24/06 date of injury and status post lumbar epidural steroid injection right L3 and L4 on 9/12/11 with 50% pain relief for over 6 months with an increase in function and a reduction in medication intake. At the time (7/8/13) of request for authorization for Tapentadol HCL 50MG #60 and right L3, L4 selective epidural steroid injection under fluoroscopic guidance and conscious sedation, there is documentation of subjective (continued low back pain) and objective (decreased Achilles reflexes, tenderness to palpation over the bilateral L5-S1 lumbar paraspinals, pain with range of motion, and decreased sensation of the right L3 and L4 dermatomes) findings, imaging findings (MRI of the lumbar spine (12/10/10) report revealed moderate canal stenosis at L3-4; narrowing of the left inferior neural foramen at L4-L5; and bilateral foraminal stenosis at L5-S1), current diagnoses (chronic pain syndrome, lumbar radiculitis, lumbar degenerative disc disease, low back pain, intervertebral disc disorder without myelopathy, and lumbar post-laminectomy syndrome), and treatment to date (lumbar epidural steroid injection right L3 and L4 on 9/12/11 with 50% pain relief for over 6 months with an increase in function and a reduction in medication intake; Tapentadol since at least 5/13/13 with a decrease in pain level from 10 out of 10 to 3 out of 10; physical therapy over a year ago, and activity modification). In addition, 7/8/13 medical report identifies a plan to repeat the right L3 and right L4 selective epidural injection. Furthermore, 9/13/13 medical report identifies a signed opioid contract, and that Tapentadol is helping control the patient's pain, and increase function and activities of daily living. Regarding the requested Tapentadol HCL 50MG #60, there is no documentation of intolerable adverse effects with first line opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

TAPENTADOL HCL 50MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. In addition, MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of Tapentadol used as a second line therapy for patients who develop intolerable adverse effects with first line opioids, as criteria necessary to support the medical necessity of Tapentadol. Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome, lumbar radiculitis, lumbar degenerative disc disease, low back pain, intervertebral disc disorder without myelopathy, and lumbar post-laminectomy syndrome. In addition, given documentation of a signed opioid contract, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation of ongoing treatment with Tapentadol since at least 5/9/13 with pain control, a decrease in pain level from 10 out of 10 to 3 out of 10, and an increase in function and activities of daily living; there is documentation of functional benefit or improvement as an increase in activity tolerance. However, there is no documentation of intolerable adverse effects with first line opioids. Therefore, based on guidelines and a review of the evidence, the request for Tapentadol HCL 50MG #60 is not medically necessary.

RIGHT LE, L4 SELECTIVE EPIDURAL STEROID INJECTION UDER FLOUROSCOPIC GUIDANCE AND CONCIOUS SEDATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of objective radiculopathy in an effort to avoid surgery, as criteria necessary to support the medical necessity of epidural steroid injections. ODG identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region

per year, as well as decreased need for pain medications, and functional response, as criteria necessary to support the medical necessity of additional epidural steroid injections. Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome, lumbar radiculitis, lumbar degenerative disc disease, low back pain, intervertebral disc disorder without myelopathy, and lumbar post-laminectomy syndrome. In addition, there is documentation of a previous lumbar epidural steroid injection at right L3 and L4 on 9/12/11 and a plan identifying to repeat the injection at these levels. Furthermore, given documentation of 50% pain relief for over 6 months with an increase in function, and a reduction in medication intake following previous injection, there is documentation of at least 50-70% pain relief for six to eight weeks, as well as decreased need for pain medications, and functional response. Therefore, based on guidelines and a review of the evidence, the request for right L3, L4 selective epidural steroid injection under fluoroscopic guidance and conscious sedation is medically necessary.