MAXIMUS Federal Services

Case Number:	CM13-0012304		
Date Assigned:	11/20/2013	Date of Injury:	02/27/2007
Decision Date:	01/17/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 physician 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:

The claimant is a sixty four year old male with low back pain and leg pain following a work-related motor vehicle accident on February 27, 2007. He is presently personally partially disabled. The claimant reported pain immediately following the motor vehicle accident. The pain is described as constant but intermittently worsening, burning and sharp. The pain radiates to the right leg. The pain is exacerbated by driving, lying flat, sitting and standing for prolonged periods of time. The pain improves with acupuncture, exercising, medications, and moving around. The pain is associated with numbness, imbalance and weakness in the right leg. The claimant had an epidural steroid injection and reported 80% reduction in his pain. The provider noted that over the past 3 weeks his pain is gradually returning. The provider also noted that the tramadol is still helping when needed. The medical records on March 5, 2013 notes that the claimant has tried TENS therapy, pool therapy, biofeedback, epidural steroid injections, lumbar facet injections, lumbar radiofrequency ablations and psychiatric therapy with no relief or minimal relief in his pain. The claimant did try acupuncture with good relief. The claimant's relevant to pain medications include tramadol 3 times per day, nabumetone, and gabapentin 300 mg at bedtime. The claimant's physical exam was significant for tenderness at the bilateral paraspinal muscular trigger, abnormal bulk of the paraspinous muscles, increased tone of the paraspinous muscles, positive lumbar facet loading, hyper irritable spots with palpable nodules and taut bands in the lumbar spine pain with anterior flexion of the lumbar spine to 70Â°, pain with extension of the lumbar spine to 25 degrees, and positive right-sided straight leg raise. X-ray of the lumbar spine was significant for very small anterior early osteophyte at L4-5 and L5-S1. The claimant was diagnosed with lumbar radiculopathy. The provider requested a second lumbar epidural steroid inj

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection quantity 2.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections Page(s): 47.

Decision rationale: Lumbar epidural steroid injection quantity two is not medically necessary. California Medical Treatment Utilization Schedule(MTUS) page 47 states that the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery. California Medical Treatment Utilization Schedule (MTUS) also states that radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing. The claimant's physical exam was significant for positive straight leg raise; however it was not corroborated by imaging or diagnostic testing. The claimant's x-ray was significant for very small anterior early osteophyte at L4-5 and L5-S1 which does not explain the positive straight leg raise or correlate with the targeted area for the epidural steroid injection. Page 47 of California Medical Treatment Utilization Schedule (MTUS) also states that in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6-8 weeks, with general recommendation of no more than 4 blocks per region per year. The claimant's medical records does not document improvement in pain and functional improvement of at least 50% for 6-8 weeks. According to the claimant's medical records, he had an 80% reduction for about 3 weeks. The repeat lumbar epidural steroid injection and therefore not medically necessary.

Tramadol 50 mg quantity 120.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-82.

Decision rationale: Tramadol is not medically necessary. Tramadol is a centrally- acting opioid. Per California Medical Treatment Utilization Schedule (MTUS) page 80, opioids for chronic back pain appears to be efficacious but limited for short-term pain relief and long term efficacy is unclear (greater than 16 weeks), but also appears to limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. California Medical Treatment Utilization Schedule (MTUS) also states that opioids for neuropathic pain may be considered first line therapy while titrating another drug, treatment of episodic exacerbations severe pain, or treatment of neuropathic cancer pain. The medical records

do not indicate how long Tramadol will be prescribed or if there was documentation of failed therapy with Acetaminophen and/or Non-steroidal anti-inflammatory drug (NSAIDs). Additionally, the physical exam was significant for a positive right straight leg raise; however, there were no imaging or diagnostic testing confirming the diagnosis of neuropathic pain to certify the use of Tramadol. The request for Tramadol is therefore non-certifiable.

Gabapentin 300mg quantity 30.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic Drugs Page(s): 16-17.

Decision rationale: Gabapentin is not medically necessary. Page 17 of the California Medical Treatment Utilization Schedule (MTUS) states that there is insufficient evidence to recommend for or against anti-epileptic drugs for axial low back pain. In terms of neuropathic back pain, page 16 of the California Medical Treatment Utilization Schedule (MTUS) states that there was lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials were also directed at central pain and none for painful radiculopathy. The claimants medical records did not provide enough evidence to corroborate that he has neuropathic pain associated with a lumber nerve root compression or lumbar spinal stenosis.