

Case Number:	CM14-0009269		
Date Assigned:	02/14/2014	Date of Injury:	09/18/2008
Decision Date:	10/29/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/23/2014

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 Preventive Medicine, 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 34-year-old female with a 9/18/08 date of injury. At the time (12/10/13) of request for authorization for pain management consultation with a series of lumbar Epidural Injections at unspecified level(s), Tramadol 50mg, #60, Naproxen 550mg #30, and Omeprazole 20mg #30, there is documentation of subjective (low back pain radiating to left buttock and leg associated with numbness and tingling) and objective (tenderness over the bilateral paralumbar areas from L3-S1 with spasm, decreased lumbar range of motion, diminished sensation on the dorsolateral, dorsum, and from second to the fifth toe of the right foot, and positive bilateral straight leg raising test) findings, imaging findings (MRI of the lumbar spine (10/25/12) report revealed L5-S1 disc desiccation and diminished disc height, 3-4 mm central focal disc protrusion with an annular tear, and bilateral facet arthropathy with narrowing of the thecal sac and spinal canal), current diagnoses (low back pain, herniated lumbar disc, facet arthropathy, and left leg radiculopathy), and treatment to date (medications (including ongoing treatment with Naproxen and Omeprazole), physical therapy, chiropractic therapy, and acupuncture). Medical reports identifies that the patient has stomach problems. Regarding lumbar epidural steroid injections, there is no documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings in each of the requested nerve root distributions; and imaging findings (nerve root compression or moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels. Regarding Tramadol, there is no 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. Regarding Naproxen, there is no documentation 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 as a result of Naproxen use to date. Regarding Omeprazole, there is no documentation of risk for gastrointestinal events (high dose/multiple NSAID).

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT CONSULTATION WITH A SERIES OF LUMBAR EPIDURAL INJECTIONS AT UNSPECIFIED LEVEL(S): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and consultations 127; Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections (ESIs)

Decision rationale: MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity to support the medical necessity of consultation. In addition, MTUS reference to ACOEM guidelines identifies documentations 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 subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (MRI, CT, Myelography, or CT Myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, failure of conservative treatment (activity modification, medications, and physical modalities), and no more than two nerve root levels injected one session; as criteria necessary to support the medical necessity of lumbar epidural steroid injection. Within the medical information available for review, there is documentation of diagnoses of back pain, herniated lumbar disc, facet arthropathy, and left leg radiculopathy. In addition, there is documentation of failure of conservative treatment (medications, physical therapy, chiropractic therapy, and acupuncture). However, given no documentation of the specific nerve root level(s) to be addressed, there is no documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings in each of the requested nerve root distributions. In addition, despite documentation of imaging findings (L5-S1 disc desiccation and diminished disc height, 3-4 mm central focal disc protrusion with an annular tear, and bilateral facet arthropathy with narrowing of the thecal sac and spinal canal), there is no documentation of imaging findings (nerve root compression or moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels. Therefore, based on guidelines and a review of the evidence, the request for

pain management consultation with a series of lumbar epidural injections at unspecified level(s) is not medically necessary.

TRAMADOL 50MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies 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, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. Within the medical information available for review, there is documentation of diagnoses of back pain, herniated lumbar disc, facet arthropathy, and left leg radiculopathy. In addition, given documentation of treatment with NSAIDs, there is documentation of Tramadol used as a second-line treatment (in combination with first-line drugs). However, there is no 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. Therefore, based on guidelines and a review of the evidence, the request for Tramadol 50mg, #60 is not medically necessary.

NAPROXEN 550MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. 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. Within the

medical information available for review, there is documentation of diagnoses of back pain, herniated lumbar disc, facet arthropathy, and left leg radiculopathy. In addition there is documentation of pain and ongoing treatment with Naproxen. However, there is no documentation 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 as a result of Naproxen use to date. Therefore, based on guidelines and a review of the evidence, the request for Naproxen 550mg #30 is not medically necessary.

OMEPRAZOLE 20MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80; 113.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. 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 risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of PPIs. Within the medical information available for review, there is documentation of diagnoses of back pain, herniated lumbar disc, facet arthropathy, and left leg radiculopathy. In addition, there is documentation of ongoing treatment with Omeprazole with NSAIDs use. However, despite documentation that the patient has stomach problems, there is no documentation of risk for gastrointestinal events (high dose/multiple NSAID). Therefore, based on guidelines and a review of the evidence, the request for Omeprazole 20mg #60 is not medically necessary.