

Case Number:	CM14-0013769		
Date Assigned:	02/26/2014	Date of Injury:	02/23/2011
Decision Date:	08/05/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/03/2014

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 Occupational 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 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 patient is 49-year-old female who has submitted a claim for lumbar degenerative disc disease, lumbar disc bulge associated from an industrial injury date of February 23, 2011. Medical records from 2013-2014 were reviewed, the latest of which dated February 5, 2014 revealed that the patient still complains of sharp, constant low back pain rated 8-10/10. The pain is worse with twisting, moving and standing, and better with lying down and elevating her legs. The pain radiated to her bilateral toes. She denies bowel or bladder dysfunction. She has numbness and weakness in the right leg and perineum. On physical examination, sensation is intact but diminished on the right leg. There is pain to palpation along the lumbar paraspinal muscles and right greater trochanter. MRI of the lumbosacral spine dated June 11, 2012 revealed degenerative disc disease at L5-S1 with 5mm disc bulge; no significant canal stenosis or neural foraminal compromise. MRI of the thoracolumbar spine dated April 12, 2013 revealed disc bulges; degenerative disc disease at L5-S1; facet degenerative joint disease; severe stenosis at L5-S1. CT scan of the lumbar spine post myelogram dated October 31, 2013 revealed degenerative disc disease at L5-S1; degenerative joint disease of the facets at L4-5 and L5-S1; severe stenosis of the right neural foramen at L5-S1 at the site of the right L5 nerve. Treatment to date has included epidural injections (6/9/11, 10/27/11), functional restoration program (6/2011), chiropractic treatment, physical therapy, and medications that include Valium, OxyContin, Percocet, Roxicodone, tramadol, topiramate, Anaprox, Ultram, Nortriptyline, Voltaren, Norco, Percocet, Flexeril, Lyrica, ibuprofen, Cymbalta and Butrans patch. Utilization Review from January 15, 2014 denied the request for Anaprox DS 550 mg #100 with 12 refills, and was modified to #60 because Anaprox is a reasonable medication for use with pain and is prescribed in a reasonable dose range; denied the request for Ultram 50 mg #100 because tramadol is not recommended as first-line analgesic; and denied the request for Interlaminar S1 Epidural Steroid Injection because the patient had previous ESI's but cannot recall if it had helped her.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANAPROX DS 550MG #100 WITH 12 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, SPECIFIC DRUG LIST & ADVERSE SIDE EFFECTS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-69.

Decision rationale: As stated on pages 67-69 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. The injured worker has been on this medication since at least March 2013 with no documentation regarding objective functional benefits derived from this medication. Additional information is necessary at this time to support the continued use of this medication. Therefore, the request for Anaprox DS 550 mg #100 With 12 Refills is not medically necessary.

ULTRAM 50MG #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL (ULTRAM, ULTRAM ER, GENERIC AVAILABLE IN IMMEDIATE RELEASE TABLET).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Tramadol Page(s): 78-81; 113.

Decision rationale: As stated on pages 78-81 of the California MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, guidelines indicate that tramadol is not recommended as a first-line oral analgesic. The injured worker has been on this medication since at least March 2013. However, there was no documentation of recent pain relief, functional improvement, or urine toxicology reviews. Also, there is no discussion to support the need for continuation of opioid use. Therefore, the request for Ultram 50 mg #100 is not medically necessary.

INTERLAMINAR S1 EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment Guidelines, there is no support for epidural injections in the absence of objective radiculopathy. Repeat blocks should only be offered if there is at least 50% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. In this case, the injured worker still complains of pain after conservative treatment such as injections, functional restoration program, chiropractic treatment, physical therapy and medications. The injured worker had previous epidural steroid injections; however, the results are unknown due to lack of documentation. Outcome of previous treatment will determine if repeat injection is guideline recommended. The medical necessity for repeat injection was not established. Therefore, the request for Interlaminar S1 Epidural Steroid Injection is not medically necessary.