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| <b>Case Number:</b>   | CM14-0170219 |                              |            |
| <b>Date Assigned:</b> | 10/20/2014   | <b>Date of Injury:</b>       | 01/24/2012 |
| <b>Decision Date:</b> | 11/21/2014   | <b>UR Denial Date:</b>       | 10/07/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/15/2014 |

### 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 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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 24, 2012. In a Utilization Review Report dated October 7, 2014, the claims administrator partially approved a request for Tramadol, apparently for weaning purposes, denied multilevel facet injection under fluoroscopy. The applicant's attorney subsequently appealed. In an April 20, 2013 progress note, the applicant reported ongoing complaints of low back pain radiating into the bilateral legs. 60% the applicant's pain was axial and the remaining 40% of the applicant's pain was radicular. The applicant was tramadol, naproxen, and Nucynta, it was acknowledged at this point in time. Facet joint injections were sought. In a May 23, 2012 progress note, the applicant reported ongoing complaints of low back pain, shoulder pain, wrist pain, and sciatica. The applicant was asked to continue baclofen and Vicodin as of that point in time. In a May 21, 2014 progress note, the applicant reported ongoing complaints of low back pain radiating into the bilateral lower extremities, shoulder pain, wrist pain, and elbow pain. The applicant had received multiple lumbar epidural injections and a left elbow corticosteroid injection, it was acknowledged. The applicant was using tramadol three to four tablets daily. 7/10 pain was noted, it was stated in one section of the note. The applicant's pain was worsening, it was acknowledged. The applicant was given a refill of tramadol. Epidural steroid injection therapy was sought. The applicant's work status was not furnished, although it did not appear that the applicant was working. In a June 3, 2014 progress note, the applicant was described as having had multiple elbow corticosteroid injections with only transient relief. The applicant was status post left wrist TFCC debridement, it was acknowledged. On July 21, 2014, the applicant again reported multifocal low back, bilateral lower extremity, wrist, and shoulder pain. The applicant was status post wrist and shoulder surgery, it was acknowledged, and was status post was multiple epidural injections.

The applicant was reportedly "unemployed," it was acknowledged. Tramadol and facet injections were sought. The applicant was given a Toradol injection for flare in pain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 Prescription for tramadol 50mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant is "unemployed," the attending provider has acknowledged. The attending provider has, furthermore, failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing tramadol usage. The information on file, furthermore, points to the applicant's pain complaints being heightened from visit to visit as opposed to reduced to from visit to visit, despite ongoing usage of tramadol. Therefore, the request is not medically necessary.

#### **1 left L4 and L5-S1 facet joint injection under fluoroscopy: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back 0Lumbar Thoracic (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, facet joint injections, the article at issue, are deemed "not recommended." In this case, it is further noted that there is considerable lack of diagnostic clarity as all evidence on file points to the applicant's having ongoing complaints of radicular low back pain radiating into the bilateral lower extremities as opposed to facetogenic low back pain for which the facet joint injections at issue could be considered. Therefore, the request is not medically necessary.