

Case Number:	CM14-0178593		
Date Assigned:	10/31/2014	Date of Injury:	04/25/2012
Decision Date:	12/08/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/28/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 04/25/12 and continues to be treated for back pain radiating into his right leg. From April 2013 through October 2014 seven urine drug screening tests were performed. Testing was positive for Norco and Methamphetamine was present on five of the test results. There is reference to a high risk of abuse/diversion. He was seen on 08/05/14. He had fallen while walking two weeks before and then five days later he had severe low back pain and worsening leg pain. He run out of Norco after taking extra medication and the assessment references the claimant as getting pain medications from family members. Medications were Norco 10/325 mg, Treximet, Gabapentin, Soma, Terocin, and Medrol. Physical examination findings included thoracic and lumbar spine muscle tenderness with decreased lumbar spine range of motion. He had lumbar spinous process tenderness with positive facet loading and positive right straight leg raising. There was decreased right lower extremity strength attributed to pain. Medications were refilled. There was consideration of lumbar medial branch blocks. Medrol was prescribed. On 10/02/14 he was having ongoing back pain radiating into his right leg. He was having left knee pain. Symptoms included muscle cramping. Pain was rated at 7/10. Recent testing had included nerve conduction and bilateral CT scans. Soma was causing sleepiness and Flexeril had caused itching and dizziness. Physical examination findings appear unchanged. Authorization for a lumbar epidural steroid injection and left genicular nerve block was requested. Tramadol, Baclofen, Neurontin, and Soma were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Genicular Nerve Block Quantity: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, page 60

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for back pain radiating into his right leg. An intra-articular left knee injection is reported as having provided good pain relief lasting for 2-3 weeks. Guidelines state that local anesthetic injections have been used to diagnose certain pain conditions that may arise out of occupational activities, or due to treatment for work injuries. Local anesthetic injections may be useful when differentiating pain due to compression of a nerve from other causes. In this case, an intra-articular knee injection provided good pain relief lasting for 2-3 weeks and there is no history of knee surgery or nerve injury. Therefore, the requested left genicular nerve block is not medically necessary.

Right TFESI (Transforaminal Epidural Steroid Injection) L4-L5 Quantity: 3.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections (ESIs), therapeutic

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for back pain radiating into his right leg. Two prior lumbar transforaminal epidural steroid injections have been performed with 50% decreased pain lasting for 4 weeks. According to the Official Disability Guidelines, in the therapeutic phase, repeat epidural steroid injections should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. In this case, the claimant has undergone two injections with only a 4 week decrease in pain and without decreased medication use. Therefore, the requested repeat epidural steroid injection is not medically necessary.

Tramadol 50mg Quantity: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for back pain radiating into his right leg. Medications have included Norco with reference to medication overuse and obtaining opioid medication from family members and findings by urine drug screening reported to be inconsistent with prescribed medications. According to the MTUS Chronic Pain Medical Treatment Guidelines, Tramadol is a centrally acting synthetic opioid analgesic. In this case, there are issues of possible medication abuse with inconsistencies in the claimant's urine drug screening test results. There is no evidence of progress towards a decreased reliance on medical care or return to work plan and there is poor pain control. The claimant meets criteria for discontinuing opioid medications. Therefore, this request is not medically necessary.

Soma 350mg Quantity: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19, 49, 113-29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Soma (Carisoprodol) is a muscle relaxant which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed Carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. Continued prescribing is not medically necessary. Therefore, this request is not medically necessary.