

Case Number:	CM14-0042131		
Date Assigned:	06/20/2014	Date of Injury:	11/10/2001
Decision Date:	07/17/2014	UR Denial Date:	03/01/2014
Priority:	Standard	Application Received:	03/13/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 50 year old worker who reported an injury on 11/10/2001 due to an unknown mechanism of injury. The physician assessed the injured worker and rendered the following diagnosis: 1) Chronic pain syndrome; 2) Thoracic or lumbosacral neuritis or radiculitis, unspecified; 3) degenerative joint disease of the shoulder region; 4) Cervicalgia; 5) Lumbar facet joint pain; 6) Symptoms of depression; 7) Anxiety state, unspecified; and 8) Insomnia. The injured worker's range of motion was lumbar flexion 45 degrees, lumbar extension 35 degrees, lumbar lateral 15 degrees and painful bilaterally, and lumbar rotation 30 degrees and painful bilaterally. Conservative care was initiated including four sessions of psychotherapy and an unknown number of physical therapy. The injured worker received a bilateral S1 joint injection on 10/02/2013; there was no mention of if or how long pain reduction lasted and no mention of change or reduction of pain. A urine screen report tested positive for THC (marijuana) on 02/28/2013 and 09/03/2013. The injured worker reported self-medicating by admitting to use of marijuana and increasing his dosage of Norco to six tablets a day. The physician warned the injured worker pain medications would be weaned or stopped altogether if he did not comply with proper use of medications, both legal and illicit. No urine drug screenings have been scheduled since 09/03/2013. Pain levels continue at 4-9/10 with 7/10 the constant average. The injured worker keeps seeking greater and greater dosages and refills of Norco denying adverse side effects. The physician is requesting a decision for unknown prescription of Tramadol, a decision for bilateral S1 joint injections, and a decision for Lyrica 50 mg. The request for authorization and rationale was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of Tramadol: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

Decision rationale: The request for unknown prescription of Tramadol is non-certified. Under CA MTUS chronic pain medical treatment guidelines for Tramadol, this is a centrally-acting synthetic opioid analgesic that is not recommended as a first line oral analgesic. The injured worker continues to request greater and greater numbers of Norco. The injured worker admits to his physician he is self-medicating by increasing the number of oral pain medications daily while still reporting an unchanged or improved upon level of pain. The injured worker has not had a urine drug screening since 09/03/2013. As such, the request is non-certified.

bilateral S1 joint injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis (acute & chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Pain, Facet Joint Intra-Articular Injections.

Decision rationale: The request for bilateral S1 joint injections is non-certified. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. If successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). If a therapeutic facet joint block is undertaken, it is suggested that it be used in consort with other evidence based conservative care (activity, exercise, etc.) to facilitate functional improvement. There is no mention of the outcome of the first epidural steroid injection; there is no mention of pain management, duration success or failure of the procedure. Without this information, it cannot be assessed a partial success. As such, the request is non-certified.

Lyrica 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 57.

Decision rationale: The request for Lyrica 50 mg is non-certified. Under CA MTUS chronic pain medical treatment guidelines for Lyrica, this is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The injured worker's diagnosis include radiculitis and facet joint pain. Lyrica is not approved for pain management in these fields. As such, the request is non-certified.