

Case Number:	CM14-0044585		
Date Assigned:	07/02/2014	Date of Injury:	02/24/1998
Decision Date:	08/28/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/11/2014

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 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 injured worker is a 58-year-old male who reported an injury on 02/24/1998 due to an assault. The injured worker's diagnoses were headache, lumbago, knee pain, hip pain, chronic pain syndrome, sacroiliitis, radicular syndrome thoracic/lumbosacral, cervical radiculitis, long term use of current medication, and failed back surgery/ postlaminectomy syndrome lumbar. There were no past diagnostics found in the medical records submitted for review. The injured worker's surgical history included a left knee replacement in 04/2012, a right hip replacement in 2005, a lumbar fusion from L4-5 in 2004, and an L5-S1 fusion in 1978. On physical examination, tenderness to palpation of supra-orbital areas bilaterally was noted. The injured worker's medications were diazepam 10 mg, Ambien CR 12.5, Soma 350 mg, oxycodone hydrochloride 15 mg, and Ultram ER 150 mg. A request was submitted for retro date of service 03/19/2014 Ultram 150 mg, for lumbar transforaminal epidural at L3-4, and a bilateral supra-orbital block number 2. The rationale for retro date of service 03/19/2014 and lumbar transforaminal epidural was not submitted with the documentation. The Request for Authorization for retro date of service 03/19/2014 for Ultram ER and lumbar transforaminal epidural at L3-4 was not provided with the documentation submitted for review. The Request for Authorization form dated 02/10/2014 for the bilateral supra-orbital block was provided with the documentation submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS 3/19/14 Ultram ER 150 MG # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, page 113, On-going management, page 78 Page(s): 113, 78.

Decision rationale: According to the California MTUS, tramadol is a centrally acting synthetic opioid analgesic and is not recommended as a first line analgesic. Opioid analgesics and tramadol have been suggested as a second line treatment. The guidelines also indicate, for ongoing management of an opioid, ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The 4 A's for ongoing monitoring include the 4 domains have been proposed as relevant for ongoing monitoring of chronic pain patients on opioids: analgesics, activities of daily living, adverse effect, and aberrant drug-taking behavior. The injured worker complained of increase in pain to the neck with headaches getting increasingly worse. The injured worker rates the pain in the neck and low back and bilateral knees at an 8/10 to 10/10. There was no documentation of pain score prior to medication, after medication, if the injured worker achieved any relief from pain medication, how long the relief lasted, and no documentation submitted for review on issues of aberrant behavior. There was no documentation submitted for a recent drug screen showing consistent results to verify the appropriate use of medication. The criteria for ongoing use of opioid medication have not been met. In addition, there was lack of mention of a frequency for the proposed medication. As such, the request is not medically necessary.

Lumbar transforaminal epidural at left L3-4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & thoracic, epidural steroid injections (ESIs).

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend epidural injections for injured workers with radiculopathy documented on physical examination and corroborated on an MRI. The guidelines also recommend that the injured worker be initially unresponsive to conservative care. There was some evidence of neurological deficit as documented 3/5 strength to the left lower extremity when compared to the right; however, there is no documentation of conservative care directed toward the lumbar spine. There is no mention of physical therapy within the submitted documentation. In the absence of documented evidence to support the request, the request for Lumbar transforaminal epidural at left L3-4 is not medically necessary.

Bilateral supraorbital blocks # 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Blumenfeld, A., Ashkenazi, A., Napchan, U., Bender, S. D., Klein, B. C., Berliner, R., ... & Robbins, M. S. (2013). Expert consensus recommendations for the perform

Decision rationale: According to an article by Blumenfeld, expert consensus recommendations for performance of peripheral nerve blocks for headaches, there is a paucity of evidence, and further research may result in the revision of these recommendations to improve the outcome and safety of these interventions. The clinical information submitted failed to also provide quantifiable response to the prior injection. As such the request is not medically necessary.