

Case Number:	CM14-0046760		
Date Assigned:	07/02/2014	Date of Injury:	08/22/2006
Decision Date:	08/25/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/14/2014

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 & Rehabilitation, and is licensed to practice in Texas and Oklahoma. 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 43-year-old male who reported an injury on 08/22/2006 due to sustaining an injury while on duty. The injured worker had a history of lower back pain that extended down to his right leg. The injured worker had a diagnosis of chronic residual status post lumbar pain secondary to a lumbar fusion x2 levels at the L4-5 and the L5-S1. The injured worker had an MRI dated 09/04/2012 of the lumbar spine revealed a 5 mm disc bulge at the L4-5, and a 3 to 4 mm diffuse bulge at the L5-S1. The physical examination dated 04/02/2014 revealed a normal gait; no tenderness to palpation. The range of motion to the lumbar spine revealed a 74 degree flexion and a 19 degree extension; a positive straight leg raise of 30 degrees, a left leg straight leg raise of 30 degrees, lower extremities revealed full range of motion with flexion and extension, and no evidence of tenderness. The neurological examination revealed deep tendon reflexes, sensation intact to all dermatomes, intact motor. The current medications included Tramadol 50 mg, Tramadol ER, and Zanaflex, with a reported pain of 6/10 using a VAS. Per the 04/17/2014 clinical note, the injured worker had failed conservative therapies, including physical therapy, non-steroidal anti-inflammatory drugs, TENS, and various medications. The treatment plan included acupuncture, medication refill, activity as tolerated, and encourage the injured worker to continue core muscle strengthening; continue the tramadol, continue exercises as tolerated, modalities, and acupuncture. The Request for Authorization dated 07/02/2014 was submitted with the documentation. No rationale for the epidural steroid injection; and no rationale for the Zanaflex or Ultracet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4 & L 5 transforaminal epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46, Postsurgical Treatment Guidelines.

Decision rationale: The right L4 and L5 transforaminal epidural steroid injection is not medically necessary. The California MTUS recommends epidural steroid injections as an option for treatment of radicular pain. The most current guidelines recommend no more than 2 epidural steroid injections. The epidural steroid injection can offer short-term pain relief, and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is no information on improved function. The American Academy of Neurology recently completed that epidural steroid injections may lead to improvement in radicular lumbosacral pain between 2 to 4 weeks following the injection, but they do not affect impairment and function or the need for surgery, and do not provide long-term pain relief beyond 3 months. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, initially unresponsive to conservative treatment, injections should be performed using fluoroscopic guidance; the second block should not be performed if there is an inadequate response to the first. No more than 2 nerve root levels should be injected. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of the medication used for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. Per the documentation provided, there was not evidence that the injured worker was unresponsive to conservative treatment. The clinical documentation dated 04/17/2014 indicated that the injured worker's pain was a 1 on a scale of 0 to 10, and the documentation on 04/02/2014 indicated that the injured worker was running a mile and swimming for exercise. The clinical note that was dated 04/17/2014 indicated the injured worker had a normal sensory exam. As such, the request is not medically necessary.

Ultracet: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

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

Decision rationale: The request for Ultracet is not medically necessary. Per the California MTUS Guidelines, they state tramadol/Ultracet is a centrally-acting opioid analgesic, and is not recommended as a first-line oral analgesic. Per the clinical notes dated on 04/17/2014, it was indicated that medication related to the failed conservative treatment indicated that the medication had failed for the injured worker. The injured worker rated his pain a 1 out of a 0 to 10 pain scale. The guidelines indicate it is not recommended to use the Ultracet as a first-line

opioid analgesic. The request did not address the frequency, the duration, or the amount. As such, the request is not medically necessary.

Zanaflex 4 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex) Page(s): 66.

Decision rationale: The request for Zanaflex 4 mg is not medically necessary. The California MTUS Guidelines recommend Zanaflex as a centrally-acting alpha-2 adrenergic agonist. Muscle relaxants are FDA-approved for management of spasticity, unlabeled use for lower back pain. The clinical notes dated 04/02/2014 revealed the injured worker complains of disc tightness to the lumbar spine. However, there is no tenderness noted. Normal gait; no indication of spasms; pain level is a 1 out of 0 to 10 pain scale. The request did not address the frequency and duration of the medication. As such, the request is not medically necessary.