MAXIMUS Federal Services

Case Number:	CM14-0051158		
Date Assigned:	07/07/2014	Date of Injury:	10/06/2009
Decision Date:	09/05/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/18/2014

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 New York and Texas. 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 48 year old female who sustained an injury on 10/06/09. No specific mechanism of injury was noted. The injured worker has been followed for ongoing complaints of low back pain with radiating symptoms in the lower extremities and has undergone prior epidural steroid injections, one in April 2013 which provided approximately 70% relief of radicular symptoms for 6 months and an epidural steroid injection on 12/30/13. The clinical report from 04/07/14 noted that the injured worker did have increased low back pain and had been utilizing Tramadol for pain relief which was reported as effective. The injured worker is also noted to have been followed by a psychologist with current depression symptoms and was utilizing Zoloft. The injured worker's physical examination did note abnormal reflexes with an antalgic gait with spasms present and decreased sensation in the left lower extremity and was recommended for repeat epidural steroid injections. Follow up on 04/15/14 noted increasing low back pain radiating to the lower extremities with improvements in low back and left lower extremity symptoms which had now worn off. The injured worker continued to utilize Zoloft for psychological symptoms. Physical examination findings remained unchanged and the injured worker was again recommended for a repeat epidural steroid injection. Follow up on 06/02/14 indicates the injured worker continued to have pain in the low back and left lower extremity while taking Topamax and had discontinued the use of tramadol as this medication was more beneficial. The injured worker was also continuing to use Zoloft. Physical examination findings again remained unchanged. It appears that the injured worker's epidural steroid injection was approved at this visit. The requested omeprazole, tramadol and epidural steroid injection for the lumbar spine were all denied by utilization review on 04/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The clinical records provided for review did not discuss any side effects from oral medication usage including gastritis or acid reflux. There was no other documentation provided to support a diagnosis of gastro esophageal reflux disease. Given the lack of any clinical indication for the use of a proton pump inhibitor this reviewer would not have recommended this request as medically necessary.

Tramadol: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the request for Tramadol, this reviewer would not have recommended this request as medically necessary based on review of the clinical documentation submitted for review as well as current evidence based guidelines. The clinical documentation submitted for review did not clearly identify the efficacy achieved with the continuing use of tramadol. Per guidelines, Tramadol can be used as an option in the treatment of moderate to severe musculoskeletal complaints. Guidelines do recommend that there be ongoing assessments for this medication establishing the functional benefits obtained with its use. As this was not clearly evident in the clinical records, this reviewer would not have recommended this request as medically necessary.

Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Epidural steroid injection (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, ESIs.

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

Decision rationale: In regards to the request for injection, this reviewer would not have recommended this request as medically necessary. The injured worker is noted to have had a significant amount of response from the first epidural steroid injection completed in April of 2013. The second epidural steroid injection in December 2013 was also reported to have provided benefit to the injured worker; however, specific benefit was not documented in the clinical records. The clinical documentation did not specify percentage of pain relief obtained with the second epidural steroid injection or the duration of this improvement. Per guidelines, there should be documentation of at least 50-70% relief of radicular symptoms with epidural steroid injections with documentation of functional improvement and pain reduction to warrant continuing use. As this was not clearly evident in the clinical records provided for review, this reviewer would not have recommended this request as medically necessary.