

Case Number:	CM14-0196873		
Date Assigned:	12/05/2014	Date of Injury:	04/23/2012
Decision Date:	01/20/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/25/2014

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 Emergency Medicine 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:

This 70 year old male sustained a work related injury on 4/23/2012. The mechanism of injury was not described. The current diagnoses are lumbar disc protrusion, severe left neural foraminal narrowing at L4-L5, lumbar radiculopathy, and lumbar spine myoligamentous sprain/strain. According to the progress report dated 10/28/2014, the injured workers chief complaints were persistent, severe low back pain radiating to the left lower extremity. The physical examination of the lumbar spine revealed slight tenderness of the paravertebral muscles without spasm. With direct palpation, there is no generalized tenderness in the lumbar spine. On this date, the treating physician prescribed Tramadol 150mg and lumbar epidural injection (second), which is now under review. The treatment recommended was prescribed specifically for severe pain. On 9/8/2014, the injured worker was treated with one lumbar epidural injection, which provided approximately 25% improvement in his low back pain. MRI of the lumbar spine performed on 2/17/2014 shows 4 millimeter disc protrusion at L3-4 with moderate bilateral neural foraminal narrowing. There is a disc bulge at L4-5 with facet arthropathy causing severe left and moderate right neural foraminal narrowing. There is an annular tear at L5-S1 with a 2 millimeter disc bulge. When Tramadol and epidural steroid injection was prescribed work status was temporary total disability due to severity of pain. On 10/31/2014, Utilization Review had non-certified a prescription for Tramadol 150mg and a second lumbar epidural injection. The lumbar epidural injection was non-certified based on pain relief from first injection. The injured worker did not experience at least 50% pain relief with the first epidural steroid injection; therefore, the request was deemed not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection: Upheld

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

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

Decision rationale: The requested Lumbar epidural steroid injection, is not medically necessary. California's Division of Worker s Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 46, Epidural steroid injections (ESIs), recommend an epidural injection with documentation of persistent radicular pain and physical exam and diagnostic study confirmation of radiculopathy, after failed therapy trials," and recommend repeat injections with at least 50% improvement for at least 6-8 weeks. The injured worker has radicular lower back pain. The treating physician has documented lumbar spasms. The treating physician has not documented at least 50% improvement from previous epidural injections. The criteria noted above not having been met, Lumbar epidural steroid injection is not medically necessary.

Tramadol XR 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain, Tramadol Page(s): 78-80,80-82,113.

Decision rationale: The requested Tramadol XR 150mg #30 is not medically necessary. California MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Page(s) 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first- line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has radicular lower back pain. The treating physician has documented lumbar spasms. The treating physician has not documented: failed first-line opiate trials, visual analog scale (VAS) pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Tramadol XR 150mg #30 is not medically necessary.