

<b>Case Number:</b>	CM14-0201656		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	07/18/2006
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and 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 CA MTUS and the ODG guidelines recommend that lumbar epidural steroid injection can be utilized for the treatment of lumbar radiculopathy that did not respond to conservative treatments with medications and PT. It is recommended that the epidural injections can be repeated if there is documentation of significant pain relief lasting more than 8 weeks with increase in physical function and decreased medication utilization. The records indicate that the patient did not report any beneficial effect following the first epidural injection. There is no qualitative or quantitative measurement of the effect of the second epidural injection. There is documentation of significant uncontrolled psychosomatic symptoms that is associated with decreased beneficial effects of interventional pain procedures. The criteria for third epidural steroid injection at L5-S1 was not met.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111,113,119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**Decision rationale:** The CA MTUS and the Official Disability Guidelines (ODG) recommend that opioids can be utilized for the treatment of exacerbations of severe musculoskeletal pain that did not respond to standard treatment with non-steroidal anti-inflammatory drugs (NSAIDs) and physical therapy (PT). The chronic use of opioids is associated with the development of tolerance, opioid induced hyperalgesia, addiction, sedation and adverse interaction with other sedatives. The records show subjective and objective findings of exacerbations of the musculoskeletal pain. An MRI had been ordered for deterioration of the left hip condition. There is no documented adverse effect or aberrant drug behavior. The criterion for the use of Ultram 50mg #90 was met; therefore, this request is medically necessary.

**Butrans 20mcg #4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

**Decision rationale:** The CA MTUS and the Official Disability Guidelines (ODG) recommend that opioids can be utilized for the treatment of exacerbations of severe musculoskeletal pain that did not respond to standard treatment with non-steroidal anti-inflammatory drugs (NSAIDs) and physical therapy (PT). The chronic use of opioids is associated with the development of tolerance, opioid induced hyperalgesia, addiction, sedation and adverse interaction with other sedatives. The records show subjective and objective findings of exacerbations of the musculoskeletal pain. An MRI had been ordered for deterioration of the left hip condition. The patient is also utilizing Ultram medications. The guidelines recommend that Butrans be utilized as a second line option in patient with history of addiction when strong abuse deterrent properties are necessary. There is no documented adverse effect or aberrant drug behavior. Therefore, the criterion for the use of Butrans 20mcg #4 was not met. As such, this request is not medically necessary.

**Ultram ER #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111,113,119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

**Decision rationale:** The CA MTUS and the Official Disability Guidelines (ODG) recommend that opioids can be utilized for the treatment of exacerbations of severe musculoskeletal pain that did not respond to standard treatment with non-steroidal anti-inflammatory drugs (NSAIDs) and physical therapy (PT). The chronic use of opioids is associated with the development of

tolerance, opioid induced hyperalgesia, addiction, sedation and adverse interaction with other sedatives. The records show subjective and objective findings of exacerbations of the musculoskeletal pain. An MRI had been ordered for deterioration of the left hip condition. There is no documented adverse effect or aberrant drug behavior. The criterion for the use of Ultram ER 100mg #30 was met; therefore, this request is medically necessary.