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| Case Number: | CM15-0005292 | | |
| Date Assigned: | 01/16/2015 | Date of Injury: | 01/04/2013 |
| Decision Date: | 03/24/2015 | UR Denial Date: | 12/22/2014 |
| Priority: | Standard | Application Received: | 01/09/2015 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania

Certification(s)/Specialty: Internal Medicine

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 51 year old male, who sustained an industrial injury on 01/04/2013. He has reported low back pain. The diagnoses have included low back pain, discogenic etiology, chronic pain syndrome, and lumbar radiculopathy. Treatment to date has included medications, physical therapy, chiropractic therapy, transcutaneous electrical stimulation (TENS) unit, and steroid injection. Prior MRI in 2013 was noted to show disc protrusion with annular tear at L4-L5, and electromyogram (EMG) in August 2013 was noted to show acute left S1 greater than L5 radiculopathy. On 9/17/13, the injured worker underwent left L4 and L5 transforaminal epidural steroid injection. A summary of prior treatment notes that in October 2013- December 2013, symptoms had not significantly changed, and examination findings had also not changed. An orthopedist was consulted in January 2014 and mild lumbar spondylosis, lumbar strain, and left sciatica with radiculopathy was documented. A progress note from 7/15/14 documents that the injured worker noted that none of the treatments helped him at all and that the injection left him with permanent left leg numbness. Medication treatment noted in July 2014 were tramadol ER, naproxen, and omeprazole; prior medications were noted to include motrin, norco, omeprazole, flexeril and lyrica. It was noted at the 7/15/14 visit that the injured worker was permanent and stationary, on disability and that he has not worked since the injury. Examination on 10/21/14 showed decreased sensation at L5-S1. A progress report from the treating physician, dated 12/05/2014, documented a follow-up visit with the injured worker. The injured worker reported low back pain with no significant changes; medications tramadol, naproxen and omeprazole provide relatively mild benefits, and the majority of pain is left side low back with

numbness and weakness radiating to the left lower extremity. Objective findings included ambulation with cane due to lower extremity weakness, severe tenderness to palpation over the lower lumbar area, decreased range of motion of the lumbar spine, and positive straight leg raise on the left, with positive facet load and decreased sensation in the left lower extremity. The treatment plan has included continuation with medications: Tramadol, Naproxen, and Omeprazole, and Orthopedic spine consultation, transforaminal epidural steroid injection at left L5-S1, and follow-up evaluation in two months. On 12/22/2014 Utilization Review non-certified a Lumbar Epidural Steroid Injection at Left L5-S1, noting the previously approved epidural was not successful. Utilization Review non-certified an Orthopedic Spine Consultation, noting the injured worker has no MRI findings that would justify the need for a surgical consultation, and that the injured worker was already deemed to be a non-surgical candidate in a previous consultation. Utilization Review modified a prescription for Tramadol ER 200 mg #30, with 1 refill, to Tramadol ER 200 mg #30, with no refill, noting the lack of documented quantified and functional benefit. Utilization Review modified a prescription for Omeprazole 20 mg #60, with 1 refill, to Omeprazole 20 mg #30, with 1 refill, noting the long-term risk of proton pump inhibitors and lack of documented rationale for twice daily dosing. Utilization Review cited the MTUS. The Utilization Review decision was subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at the left L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections (ESIs) Section Page(s): 46.

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

Decision rationale: The MTUS, chronic pain section, page 46 describes the criteria for epidural steroid injections. Epidural injections are a possible option when there is radicular pain caused by a radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and unresponsive to conservative treatments. An epidural steroid injection must be at a specific side and level. The MTUS recommends that any repeat injection be considered based on the degree of pain relief and functional improvement 6-8 weeks after the initial injection. The injured worker had diagnosis of lumbar radiculopathy, with left leg numbness and weakness; he ambulates with a cane. An EMG showed left S1 greater than L5 radiculopathy. The most recent examination documented lower extremity weakness with decreased sensation in the left lower extremity, and examination in October 2014 showed decreased sensation in the distribution of L5-S1. The prior epidural steroid injection was performed at L4-L5 and did not provide relief of pain or functional improvement. The documentation indicates that there was no response to conservative treatment with medication, physical therapy, and chiropractic treatment. Although there was no significant improvement from the prior epidural steroid injection, that injection was performed at a different level, and the electrodiagnostic testing indicates radiculopathy at L5 and S1. Due to the failure of conservative

treatment, with examination and electrodiagnostic testing consistent with radiculopathy at the requested level of injection, the request for epidural steroid injection at left L5-S1 is medically necessary.

Orthopedic spine consultation: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation low back chapter: office visits

Decision rationale: The ODG notes that office visits are recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The ACOEM notes that referral for surgical consultation is indicated for patients who have severe and disabling lower leg symptoms with radiculopathy, activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair, and failure of conservative treatment to resolve disabling radicular symptoms. In this case, the documentation consistently notes examination, imaging, and electrodiagnostic findings of lumbar radiculopathy. There was no improvement in spite of conservative measures including medications, physical therapy, chiropractic treatment, TENS unit, and one epidural steroid injection. Although the injured worker did have an initial orthopedic consultation in January 2014, he has continued symptoms of left sided low back pain with numbness and weakness in the left lower extremity. Due to the presence of severe disabling lower leg symptoms with radiculopathy, with activity limitations and corroboration of radiculopathy on examination/imaging/electrodiagnostics, the request for an orthopedic spine consultation is medically necessary.

Tramadol ER 200 mg, thirty count, with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) Section Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids p. 74-96 tramadol p. 93-94 Page(s): 74-96, 93-94.

Decision rationale: Tramadol is a centrally acting synthetic opioid analgesic which is not recommended as a first line oral analgesic. Multiple side effects have been reported including increased risk of seizure especially in patients taking selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants (TCAs) and other opioids. It may also produce life-threatening serotonin syndrome. The documentation indicates that tramadol has been prescribed for at least six months, and that norco had been prescribed for months in the past. There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends

prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. It was documented that the injured worker had not worked since the injury. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient has failed a trial of non-opioid analgesics. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain; change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, tramadol does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Ome prazole 20 mg, sixty count with one refill: 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 and cardiovascular risk Page(s): p.68.

Decision rationale: Co-therapy with a nonsteroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). Long term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. The documentation indicates that omeprazole has been prescribed for more than one year, and that he has also been prescribed a NSAID. There was no documentation of intermediate or high risk for gastrointestinal events. No gastrointestinal signs or symptoms were discussed, and no abdominal examination was documented. Due to the lack of indication, and the potential for toxicity, the request for omeprazole is not medically necessary.