

<b>Case Number:</b>	CM15-0101876		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	06/15/2003
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 was a 49-year-old male, who sustained an industrial injury, June 15, 2003. The original injury occurred in 1999, when the injured worker was carrying 82 bunches of flowers over the shoulder and slipped. The injured worker did not fall, but experienced a sharp central low back pain. The injured worker had surgery and was released 6 months later. The second injury occurred when the injured worker was buffing the floor. The buffer was heavier than normal and the injured worker began feel low back pain. The following day the injured worker was unable to get out of bed. The injured worker previously received the following treatments Vicodin, Ibuprofen, Tramadol, Gabapentin, Pamelor, Trazodone, physical therapy, lumbar spine MRI on November 28, 2014, lumbar spine x-rays and MRI. The injured worker was diagnosed with MRI results were multilevel degenerative disc disease with possible impingement of the L5 nerve root, radiculopathy of the lumbar region, trochanteric bursitis of the left hip, lumbar spondylosis and neuropathic pain. According to progress note of May 14, 2015, the injured workers chief complaint was low back pain with radiation of pain down the left leg and a lit ting the right leg. The injured worker described the pain as spams, aching and sharp. The severity of the pain was 5 out of 10 on average. The pain was rated at 5 out of 10 with mediation and with pain mediation was 5 out of 10. The pain improved with walking. The pain was aggravated by bending and lifting. There was no musculoskeletal physical exam documented at this visit. The treatment plan included a prescription for Tramadol and one left L4-L5 transforaminal epidural injection.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Tramadol 50mg quantity 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Section Weaning of Medications Section Page(s): 74-95, 124.

**Decision rationale:** Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking tramadol chronically, but subjective pain levels are the same with and without medications. Previous reviews have denied tramadol due to its limited efficacy with this injured worker. The medical records also do not report recent improvement in functional status with the use of tramadol. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Tramadol 50mg quantity 120 is determined to not be medically necessary.

### **Left lumbar L4-L5 transforaminal epidural 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 Epidural Steroid Injection Section Page(s): 46.

**Decision rationale:** Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria. The criteria for use of epidural steroid injections include 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing; 2) Initially unresponsive to conservative treatment; 3) Injections should be performed using fluoroscopy for guidance; 4) If used for diagnostic purposes, a maximum of two injections should be performed, and a second block is not recommended if there is inadequate response to the first block; 5) No more than two nerve root levels should be injected using transforaminal blocks; 6) No more than one interlaminar level should be injected at one session; 7) 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 medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year 8) No more than 2 ESI injections. While the available documentation provides evidence of radicular pain on

examination, there are no imaging studies or electro diagnostic tests to corroborate the exam and support the use of an epidural injection at this time. The request for Left lumbar L4-L5 transforaminal epidural injection is determined to not be medically necessary.