

Case Number:	CM15-0128560		
Date Assigned:	07/14/2015	Date of Injury:	09/28/2013
Decision Date:	11/18/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/02/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 39 year old female who sustained an industrial injury on 09-28-2013. Diagnoses include lumbar disc disorder, lumbar spinal disorder, and lumbar radiculopathy. The most recent physician note dated 04-06-2015 documents the injured worker reports increased neck pain. She rates her pain as 6 out of 10 with medications and 9 out of 10 without medications. She reports the Butrans patch helps minimally. She has complaints of occasional constipation, diarrhea and upset stomach. On examination Straight leg raising, Patrick's, facet loading, and Spurling's test were noted to be positive. There was weakness noted in bilateral hip flexion. There was tenderness to palpation noted over the bilateral elbows, cervical paraspinal musculature, upper trapezius muscle, scapular border, lumbar paraspinal musculature, sacroiliac joint region, greater trochanteric bursa and right knee. Cross-body test was positive for bilateral shoulders. Treatment to date has included diagnostic studies, therapy, and medications. In a physician progress note dated 03-09-2015 the injured worker has complains of continued neck, shoulder and low back pain with driving difficulties. Low back pain radiates into her legs. Pain is drawing more into her shoulders. Her medications are not helping as much as she would like and Tramadol and Norco makes her too sleepy. On 06-16-2015 the Utilization Review non-certified the request for Lidoderm patches #60, Lumbar ESI under fluoroscopy to L5-S1 was non-certified, Tramadol 50mg #60 was non-certified, and Tylenol #3 #60 was non-certified. MRI of the lumbosacral spine dated 12/23/2013 was also reviewed, with findings including: Discogenic and degenerative changes, 1 mm posterior disc bulges at multiple levels but at L5-S1

this indents the epidural fat. There appears to be no involvement of the neural elements. There is mild left L5-S1 foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ESI under fluoroscopy to L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the California MTUS, epidural steroid injections offer no significant long-term functional benefit, nor do they reduce the need for surgery. Criteria for the use of epidural injections require that radiculopathy be noted on examination and corroborated by imaging and/or electrodiagnostic studies. The physician wishes to perform an epidural to avoid surgery and notes failure of therapy and oral medications. However, there is no strong clinical suggestion of L5-S1 radiculopathy as weakness is noted in the hip flexors, and there is intact sensation. Furthermore, neural elements do not appear to be involved per most recent MRI (12/2013). There must be more definitive evidence of L5-S1 radiculopathy before an epidural steroid injection is warranted. At this time, this request is not medically necessary.

Tylenol #3 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The California MTUS guidelines allows for the use of opioid medication, such as Tylenol #3, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The documentation submitted for review fails to meet the above criteria for ongoing use. Opiates including Norco and Tramadol have been noted to cause side effects such as sleepiness in this injured worker. This request is not medically necessary.

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The California MTUS guidelines allows for the use of opioid medication, such as Tramadol, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The documentation submitted for review fails to meet the above criteria for ongoing use. Opiates including Norco and Tramadol have been noted to cause side effects such as sleepiness in this injured worker. This request is not medically necessary.

Lidoderm patches #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: Regarding Lidoderm patches, the California MTUS Chronic Pain Medical Treatment Guidelines recommend use for localized peripheral pain after evidence of a trial of first line therapy. This is not a first line treatment and is only approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The injured worker does not maintain a diagnosis of post-herpetic neuralgia, and there is no clear efficacy mentioned as it pertains to the Lidoderm. The request is not medically necessary.