

Case Number:	CM15-0147825		
Date Assigned:	08/10/2015	Date of Injury:	02/07/2013
Decision Date:	09/08/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/29/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 39 year old female who sustained a work related injury February 7, 2013. Electrodiagnostic studies performed May 6, 2015 (report present in the medical record) revealed a normal study with no evidence of lumbosacral radiculopathy. An MRI of the lumbar spine dated May 4, 2015, (report present in the medical record) revealed mild lower lumbar facet hypertrophy, disc-endplate degeneration L4-5 and L5-S1 with posterior disc bulge; moderate L4-5 spinal stenosis potentially impinging on L5 nerve roots in the axillary recesses; right eccentric disc bulge at L5-S1 minimally displaces the right S1 nerve root in the right axillary recess; mild L4-5 left foraminal narrowing, left L4 nerve root exits freely. According to a primary treating physician's progress report, dated June 17, 2015, the injured worker presented with complaints of extreme neck pain radiating down the low back and down both the left and right leg. She also reports headaches with dizziness. She is currently working an eight hour day, but with the pain she does not think she can continue. Examination of the cervical spine revealed; stiffness, tightness and tenderness, mostly on the right side of the cervical paravertebral, trapezius and medial border of the right scapular area; right range of motion and right tilt painful, flexion and extension close to normal but discomfort at the extreme range; cervical compression and Spurling tests are negative. Impingement tests are negative in the shoulder, negative Neer's and Hawkins test. Examination of the lumbar spine revealed; gait is normal; heel and toe ambulation painful; tenderness L4-L5; straight leg raise positive from a sitting position at 45 degrees bilaterally; sensation intact in all dermatomes in the bilateral lower extremities. Assessment is documented as cervical sprain; lumbar sprain; right shoulder sprain; myofascial pain; moderate

L4-L5 spinal stenosis; broad-based disc bulge L4-L5. Treatment plan included a urine drug screen performed, counseling regarding weight reduction and a healthy diet, continue home exercise program, and at issue, a request for authorization for a lumbar epidural steroid injection L4-L5 and L5-S1, Tramadol, and Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection (LESI) L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. There is no evidence that the patient has been unresponsive to conservative treatments. In addition, The Electrodiagnostic studies performed May 6, 2015 revealed a normal study with no evidence of lumbosacral radiculopathy. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy. Therefore, the request for Lumbar epidural steroid injection (LESI) L4-L5, L5-S1 is not medically necessary.

Tramadol 50mg #60: 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 Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should

affect therapeutic decisions and provide a framework. In this case, there is no documentation of the medical necessity of Tramadol over NSAID. The patient has been given Tramadol for inflammation and that is a non-steroidal anti-inflammatory drug. There is no clear documentation of continuous monitoring of patient's compliance with her medications. Therefore, the prescription of Tramadol 50mg #60 is not medically necessary.

Xanax 0.5mg #30: 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 Benzodiazepines Page(s): 24.

Decision rationale: According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. The patient was prescribed Xanax for anxiety and stress; however, there is no clear documentation of anxiety and stress complaints. Therefore, the use of Xanax 0.5mg #30 is not medically necessary