

Case Number:	CM15-0164050		
Date Assigned:	09/09/2015	Date of Injury:	06/13/2013
Decision Date:	10/14/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/20/2015

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: Family Practice

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 58 year old male, who sustained an industrial injury on June 13, 2013. He reported neck pain, bilateral shoulder pain, bilateral upper extremity pain, bilateral knee pain, bilateral ankle pain and low back pain. The injured worker was diagnosed as having status post left knee surgery in 2013, lumbosacral discogenic pain, lumbar sprain and strain, lumbar muscle spasm and rule out lumbar disc protrusion. Treatment to date has included diagnostic studies, physical therapy (12 sessions for the low back in 2013), (24 sessions for the left knee in 2013), chiropractic care, Lumbar epidural steroid injections (LESI) x2 in 2013, conservative care, home exercises, medications and work restrictions. Currently, the injured worker continues to report low back pain with associated decreased range of motion in the lumbar spine, spasms and tenderness to palpation and associated tingling and numbness radiating to bilateral lower extremities. Pain is rated 7/10. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. He is retired. March 5, 2015, revealed continued pain as noted. He rated the low back pain at 8 on a 1-10 scale with 10 being the worst. He described the pain as achy and tingling radiating to bilateral lower extremities. Lumbar range of motion was noted as decreased and painful. It was noted Kemp's, Sitting Straight Leg Raise and Valsalva's caused pain bilaterally. He had completed 9 chiropractic visits. Evaluation on June 10, 2015, revealed low back pain with examination findings of decreased range of motion and tenderness. Physical therapy and kinetic activities were continued. Lumbar epidural steroid injection, Tramadol and Methoderm were requested. The requests for lumbar epidural steroid injection at bilateral L5-S1, Methoderm and Tramadol 50mg #60 were non-certified by the original reviewer on August 4, 2015.

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 bilateral L5-S1: Upheld

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

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

Decision rationale: Per the MTUS guidelines, in order to proceed with epidural steroid injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and that the injured worker was unresponsive to conservative treatment. In this case, the examination findings note decreased range of motion and tenderness. The medical records do not establish evidence of radiculopathy on clinical examination. Furthermore, the injured worker has undergone prior lumbar epidural steroid injections, and per the MTUS guidelines, 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. The medical records do not establish that the injured worker meets the criteria for repeat injections. The request for Lumbar epidural steroid injection at bilateral L5-S1 is not medically necessary and appropriate.

Tramadol 50mg #60: Overturned

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): Opioids, criteria for use, Opioids for chronic pain, Opioids, specific drug list.

Decision rationale: According to the MTUS guidelines, Tramadol is a synthetic opioid and is an emerging fourth class of opiate analgesic that may be used to treat chronic pain. The MTUS guidelines state that small class of synthetic opioids exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. The maximum dosing of Tramadol is 400 mg/day. The medical records note that the injured worker is followed for chronic pain to multiple body parts. The medical records do not establish evidence of abuse or diversion. The injured worker has subjective and objective findings that support the request for Tramadol. The request for Tramadol 50mg #60 is medically necessary and appropriate.

Menthoderm: 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): Salicylate topicals.

Decision rationale: Methoderm contains methyl salicylate and menthol. Per Chronic Pain Medical Treatment Guidelines, salicylate topicals are recommended. The guidelines state that topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. However, there is no indication in the medical records that the injured worker is unable to tolerate oral medications. There is also no evidence that the injured worker has failed over-the-counter topical medication such as BenGay. The request for Methoderm is not medically necessary and appropriate.