

Case Number:	CM15-0166460		
Date Assigned:	09/04/2015	Date of Injury:	07/01/1994
Decision Date:	10/22/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/25/2015

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 is a 50 year old male who sustained an industrial injury on 7-1-94 to his low back. Diagnoses include recurrent L4-5 disc herniation, status post lumbar surgery X3; left L4-5 radiculopathy; L4-5 degenerative disc disease, discogenic back pain; chronic left L5-S1 radiculopathy with numbness, weakness. The injured worker currently complains of constant, achy, sharp pain located in the lower lumbar region with episodic flare-ups, primarily left of the midline with radiation of pain into the left lateral and posterior lower extremity and a pain level of 4 out of 10; he also reports weakness in the left hip; numbness in the distribution of his pain. He denies any difficulty with activities of daily living. On physical exam of the lumbar spine there was a surgical scar on inspection, tenderness to palpation over the lower lumbar region left greater than right and positive left straight leg raise. The injured worker has had multiple diagnostic studies over the years the most current MRI of the lumbar spine (7-29-15) demonstrated moderate chronic L3 compression deformity, L4-5 discosteophytes, L5-S1 right disc protrusion with annular tear, abuts right S1 nerve root. Treatments to date include left L4-L5 laminotomy and foraminotomy, left L4-5 neurolysis, 7 centimeter scar revision complex wound closure (11-7-12); lumbar facet arthropathy, status post lumbar facet joint radiofrequency ablation with improvement (12-22-14) per 8-13-15 note; left L5 selective nerve root block, corticosteroid injection with 80% improvement (6-19-15); physical therapy; home exercise program; industrial medication currently (8-13-15) is ibuprofen. Per 8-13-15 note ibuprofen is not helping the pain and the treating provider recommended stopping it. The earliest indication in the records available for the injured worker using ibuprofen was 12-3-13. In the progress note

dated 8-13-15 the treating provider requested tramadol 50mg #30 with 1 refill; diclofenac sodium 75 mg #60 with 1 refill; left L5 and S1 selective nerve root block under fluoroscopy; 1 spine surgery consultation. On 8-13-15 a request for authorization indicated selective nerve root block L5-S1 left. The original utilization reviewer's non-certification was 8-20-15 and the original requests were for 1 prescription of tramadol 50 mg #30 with 1 refill which was non-certified; 1 prescription of diclofenac sodium 75 mg #60 with 1 refill has been modified to a certification of 1 prescription of diclofenac sodium 75mg #60 between 8-13-15 and 10-15-15; request for 1 left L5 and S1 selective nerve root block under fluoroscopy between 8-13-15 and 10-16-15 was non-certified; the request for 1 spine surgeon consultation between 8-13-15 and 10-16-15 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg quantity 30 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 Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Tramadol can be added to the medication regimen, but as the immediate-release oral formulation, not as the extended-release formulation. There is no documentation supporting any functional improvement with the continued long-term use of opioids. Tramadol 50mg quantity 30 with one refill is not medically necessary.

Diclofenac Sodium 75mg quantity 60 with one refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Diclofenac.

Decision rationale: According to the Official Disability Guidelines, diclofenac is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. The original reviewer modified the request to exclude all refills. Diclofenac Sodium 75mg quantity 60 with one refill is not medically necessary.

Left L5 and S1 selective nerve root block under fluoroscopic guidance: Overturned

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: According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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. Patient reported an 80% improvement of pain symptoms with a previous nerve root block administered on 06/19/15. I am reversing the previous utilization review decision. Left L5 and S1 selective nerve root block under fluoroscopic guidance is medically necessary.

1 spine surgeon consultation: Overturned

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: According to the ACOEM Guidelines, referral for surgical consultation is indicated for patients who have: Severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise, 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. Although the injury is quite old, the patient does meet several of the above criteria. I am reversing the previous UR decision. One spine surgeon consultation is medically necessary.