MAXIMUS Federal Services

Case Number:	CM15-0166545		
Date Assigned:	09/04/2015	Date of Injury:	12/22/2003
Decision Date:	10/09/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/24/2015

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: 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 62 year old male who sustained a work related injury December 22, 2003. While climbing and reaching the last rung of a ladder, he missed and fell backwards, twisting and landing on his left ankle. He was diagnosed with a left ankle subtalar dislocation with partial crush fracture of the talar dome. He had a closed reduction and casting performed in the emergency room of the hospital. On or about March 24, 2004 he was out of the cast and received chiropractic therapy. Past history included left ankle status post arthrodesis x 2 and hypertension. According to a primary treating physician's follow-up report, dated July 7, 2015, the injured worker presented with pain across the lower back and residual pain in the left ankle. An MRI of the lumbar spine, dated June 18, 2015, revealed L4-5 3 mm anterolisthesis, a 3-4 mm pseudo and or true posterior disc protrusion, 2 mm anterior disc protrusion; L5-S1 a 3-4 mm posterior disc protrusion, and a 2-3 mm anterior disc protrusion. Physical examination revealed mild tenderness across the lumbar spine. Straight leg raise is positive at 70 degrees. Examination of the ankles and feet reveals the left ankle with healed medial and lateral scars, no range of motion left ankle due to fusion and tenderness across the subtalar. Diagnoses are lumbar spondylolisthesis L4-5, annular tear L3-S1, degenerative disc disease L3-S1; left lower extremity radiculopathy; subtalar arthritis post traumatic and compensatory due to over compensation from left ankle fusion. Treatment plan included authorized electrodiagnostic studies, and at issue, a request for authorization for two bilateral L4-S1 epidural steroid injections and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 bilateral L4-S1 epidural steroid injections: 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: The patient was injured on 12/22/03 and presents with low back pain and left ankle pain. The request is for 2 BILATERAL L4-S1 EPIDURAL STEROID INJECTIONS. The RFA is dated 08/03/15 and the patient is to return to regular work. Review of the reports provided does not indicate if the patient had a prior ESI injection at L4-S1. The 06/18/15 MRI of the lumbar spine revealed a 3 mm anterolisthesis, 3-4 mm pseudo and/or true posterior disc protrusion, and a 2 mm anterior disc protrusion at L4-5. There was also a 3-4 mm posterior disc protrusion and a 2-3 mm anterior disc protrusion at L5-S1. MTUS Guidelines, Epidural Steroid Injections Section, pages 46-47 has the following criteria under its chronic pain section: "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." The patient is diagnosed with lumbar spondylolisthesis L4-5, annular tear L3-S1, degenerative disc disease L3-S1; left lower extremity radiculopathy; subtalar arthritis post traumatic and compensatory due to over compensation from left ankle fusion. The 07/07/15 report states that “the patient suffers from low back pain and lumbar radicular pain to the leg. The cause of the radicular pain is due to lumbar spinal stenosis as established by imaging studies, history and physical examination. The patient has failed conservative treatment measures of oral medications, activity modification, physical therapy, and prolonged rest.” Although the patient presents with radiculopathy, the provided MRI does not show any pathologies consistent with potential nerve root lesion. In the absence of a clear dermatomal distribution of pain corroborated by imaging, ESI is not indicated. The requested lumbar spine epidural steroid injection IS NOT medically necessary.

Tramadol 50mg #90: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient was injured on 12/22/03 and presents with low back pain and left ankle pain. The request is for TRAMADOL 50 MG #90. The RFA is dated 08/03/15 and the patient is to return to regular work. There is no indication of when the patient began taking this medication. There are two progress reports provided from 05/28/15 and 07/07/15. Tramadol is listed as a medication on the 07/07/15 report. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS,

CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS, page 113 regarding Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. In this case, none of the 4 As are addressed as required by MTUS Guidelines. There are no before and after medication pain scales provided. There are no examples of ADLs which demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with her prescribed medications. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Tramadol IS NOT medically necessary.