

Case Number:	CM15-0169921		
Date Assigned:	09/10/2015	Date of Injury:	05/23/2006
Decision Date:	10/08/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 66 year old male, who sustained an industrial injury on 5-23-2006. The current diagnoses are low back pain, sciatica, and multi-level spinal stenosis. According to the progress report dated 8-4-2015, the injured worker reports difficulty walking and standing now. He rates his pain 10 out of 10 on a subjective pain scale. The physical examination of the lumbar spine reveals tenderness over L2-L3, L3-L4, L4-L5 and L5-S1 segments, decreased sensation in the L2, L3, L4, and L5 distribution, and positive straight leg raise test. The current medications are Norco, Soma, and Gabapentin. Treatment to date has included medication management, x-rays, MRI studies, and epidural steroid injections (good results). MRI of the lumbar spine from 7-15-2015 reveals "multilevel lumbar disc degeneration. At L4-L5, there is annular bulge, facet hypertrophy, and severe foraminal narrowing resulting in severe canal narrowing. There is L3-L4 annular bulge and facet hypertrophy resulting in moderate to severe canal narrowing and foraminal narrowing, right greater than left. There is L2-L3 annular bulge and facet hypertrophy resulting in stenosis centrally as well as foraminal. In addition, there is moderate broad-based disc bulge resulting in moderate stenosis". Work status is described as permanent and stationary. The original utilization review (8-14-2015) no-certified a request for ConZip and bilateral L3-L4 and L4-L5 transforaminal epidural injections under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-L4 and L4-L5 transforaminal epidural injections under fluoroscopy:
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): Epidural steroid injections (ESIs).

Decision rationale: The claimant sustained a work injury in May 2006 and is being treated for low back pain with multilevel lumbar spinal stenosis. An epidural steroid injection was done in 2010. On 05/18/10 there had been a 60% improvement. On 07/27/10 his symptoms had returned. Subsequent injections are reported as providing 70-100% pain relief and were being recommended 3-4 times per year. When seen, he had pain rated at 10/10 and was having difficulty walking. MRI results were reviewed and had shown multilevel lumbar spinal stenosis. Physical examination findings included decreased lower extremity sensation and diffusely decreased strength. A repeat lumbar epidural steroid injection is being requested. ConZip was prescribed with one refill. Guidelines recommend that, in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief with functional improvement, including at least 50% pain relief for six to eight weeks, with a general recommendation of no more than four blocks per region per year. In this case, the claimant has findings of lumbar spinal stenosis and decreased lower extremity sensation with positive response to the epidural steroid injections done previous. The requested epidural injection is within applicable guidelines and medically necessary.

ConZip 100mg 1 qd dispensed #30 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/conzip.html>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation ODG Workers' Compensation Drug Formulary.

Decision rationale: The claimant sustained a work injury in May 2006 and is being treated for low back pain with multilevel lumbar spinal stenosis. An epidural steroid injection was done in 2010. On 05/18/10 there had been a 60% improvement. On 07/27/10 his symptoms had returned. Subsequent injections are reported as providing 70-100% pain relief and were being recommended 3-4 times per year. When seen, he had pain rated at 10/10 and was having difficulty walking. MRI results were reviewed and had shown multilevel lumbar spinal stenosis. Physical examination findings included decreased lower extremity sensation and diffusely decreased strength. A repeat lumbar epidural steroid injection is being requested. ConZip was prescribed with one refill. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. ConZip (extended release tramadol) is a sustained

release opioid used for treating baseline pain. In this case, it was being prescribed when the claimant was having ongoing severe pain. Although there were no identified issues of abuse or addiction and the total MED prescribed was less than 120 mg per day consistent with guideline recommendations, ConZip is not a first-line medication and generic extended release tramadol is available. Additionally, prescribing more than a one-month supply was not appropriate. The request was not medically necessary.