

Case Number:	CM15-0181369		
Date Assigned:	09/22/2015	Date of Injury:	11/16/2000
Decision Date:	10/29/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/15/2015

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 62 year old male who sustained an industrial injury on November 16, 2000. A recent primary treating office visit dated July 29, 2015 reported a request for physical therapy noted with denial. The physical assessment noted the worker with: grade I anterolisthesis of L4 over L5 with central as well as foraminal stenosis at this level, history of non-displaced fracture of the right anterior #4, #5, and #6 ribs. The plan of care noted recommending a Cortisone injection at L4-5, "If not, the patient will be a good surgical candidate." He is permanent and stationary. Primary follow up dated June 2015 reported the worker "has not had any significant conservative treatment." He states "that his pain has increased in his low back that is radiating down to bilateral legs, right more." There is recommendation for a course of physical therapy; initiate use of Tramadol and urine drug screen. He will also undergo magnetic resonance imaging of lumbar spine. Back at primary follow up dated November 18, 2014 the worker had subjective complaint of "persistent, frequent episodes of moderate to severe pain with associated muscle spasms about his low back region." He states "the back pain continues to radiate into his buttocks, hips as well as intermittently into his right lower extremity and continues to be exacerbated with bending and stooping." The treatment plan of care noted objectives "continue to be to decrease chronic pain, reduce insomnia, decrease consumption of Opioid narcotic analgesia medication and increase the patient's ability to perform specific activities of daily living." On July 29, 2015 a request for a lumbar L4-5 epidural steroid injection times one that was non-certified due to the clinical information does not establish

medical necessity. Furthermore, guidelines recommend no more than two injections treating radicular pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 lumbar ESI times 1: Upheld

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

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

Decision rationale: Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria. The criteria for use of epidural steroid injections include 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment. 3) Injections should be performed using fluoroscopy for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed, and a second block is not recommended if there is inadequate response to the first block. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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. 8) No more than 2 ESI injections. In this case, there is subjective complaints of radiculopathy but very little objective confirmation of its existence. There is no corroboration of radiculopathy via imaging studies or EMG. The request for L4-L5 lumbar ESI times 1 is determined to not be medically necessary.

Tramadol 50 mg #60 1 refill: 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 for chronic pain.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities

of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the treating physician is requesting Tramadol in an attempt to wean the injured worker off of Hydrocodone. Previous urine drug screens have been consistent for Hydrocodone use. The physician is attempting to put the patient on a less potent opioid which is a reasonable approach in tapering opioid medications. The request for Tramadol 50 mg #60 1 refill is determined to be medically necessary.