

Case Number:	CM15-0181551		
Date Assigned:	10/08/2015	Date of Injury:	08/22/2005
Decision Date:	11/23/2015	UR Denial Date:	09/14/2015
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: Texas, Illinois

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 45 year old male, who sustained an industrial injury on 8-22-05. The injured worker has complaints of low back pain and bilateral leg pain. The documentation noted that the ultram will reduce the pain by 50 percent and can walk more. Lumbar spine examination reveals spasm, painful range of motion as well as limited range of motion. There is positive straight leg raise bilaterally to 60 degrees and positive foot drop on the left. There is decreased sensation bilaterally at L3-5 and L5-S1 (sacroiliac). MRI of 02/26/2014 revealed Disc herniation from L1 -L2 to L5-S1., Multiple disc bulges, several nerve roots impingement. The diagnoses have included status post lumbar laminectomy times two and lumbar degenerative disc disease. Treatment to date has included ultram; anaprox; prilosec; flexeril and home exercise program. The original utilization review (9-14-15) non-certified the request for lumbar epidural steroid injections (LESI) for bilateral L3-S1 times 1. The request for ultram 50mg #90 was modified to ultram 50mg #72.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injections (LESI) for bilateral L3-S1 times 1: 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: Eligible: IMR app rec'd within 30 days from initial UR determination date of 9/8/15. The injured worker sustained a work related injury on 8-22-05. The medical records provided indicate the diagnosis of status post lumbar laminectomy times two and lumbar degenerative disc disease. Treatment to date has included ultram; anaprox; prilosec; flexeril and home exercise program. The medical records provided for review do not indicate a medical necessity for Lumbar epidural steroid injections (LESI) for bilateral L3-S1 times 1. The MTUS guidelines for epidural steroid injection recommends documentation of failed conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); evidence of radiculopathy based on physical examination corroborated by imaging and or nerve studies. No more than two nerve root levels should be injected using transforaminal blocks. No more than one interlaminar level should be injected at one session. Repeat injection is 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. Although Lumbar Epidural Steroid injection is appropriate for this injured worker with both clinical and imaging findings of radiculopathy, the treatment is not medically necessary since the request did not specify the sites for the injection; the MTUS does not recommend injecting more using transforaminal injection, or more than one interlaminar injection. The disc spaces are identified as L3-L4, L4-L5 for ease of identification.

Ultram 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): Opioids (Classification), Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, long-term assessment.

Decision rationale: Eligible: IMR app rec'd within 30 days from initial UR determination date of 9/8/15. The injured worker sustained a work related injury on 8-22-05. The medical records provided indicate the diagnosis of status post lumbar laminectomy times two and lumbar degenerative disc disease. Treatment to date has included ultram; anaprox; prilosec; flexeril and home exercise program. The medical records provided for review do not indicate a medical necessity for Ultram 50mg #90. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS recommends reassessment of pain and functional improvement every six months when opioid is used for longer than 6 months, and comparing with baseline values on numerical scale. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement

or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. Ultram (Tramadol) is a synthetic central acting opioid. The medical records indicate this medication had been replaced with a different brand in the past because it caused excessive drowsiness; besides the medical records indicate the injured worker has been on this medication at least since 08/2014, but with no evidence of 6 monthly reassessments of pain and function comparing to baselines. The records indicate the injured worker is not well monitored for activities of daily living, aberrant behavior, following the MTUS guidelines. Therefore the request is not medically necessary.