MAXIMUS Federal Services

Case Number:	CM15-0186010		
Date Assigned:	09/28/2015	Date of Injury:	11/23/2014
Decision Date:	11/24/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/21/2015

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: Arizona, Michigan
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 54-year-old male, with a reported date of injury of 11-23-2014. The diagnoses include left shoulder strain and tendonitis, lumbar strain with foraminal stenosis at L3-S1, probable symptomatic left L5-S1 herniated nucleus pulposus, lumbar spinal stenosis, and lumbar radiculopathy. Treatments and evaluation to date have included physical therapy, Aspirin, Ambien, Ibuprofen, Tramadol (since at least 01-2015), lumbar transforaminal epidural steroid injection at left L5-S1 on 07-20-2015, and Skelaxin (no pain relief). The diagnostic studies to date have included an MRI of the lumbar spine on 01-06-2015 which showed multifactorial changes with severe neural foraminal stenosis and displacement to the left exiting L5 nerve at L5-S1, prominent far right lateral disc osteophyte complex with displacement to the right exiting L4 nerve, right lateral recess stenosis and prominent right neural foraminal stenosis at L4-5, far left lateral disc osteophyte complete with displacement to the left exiting L3 nerve at L3-4, and trace dextroconvex scoliosis of the upper lumbar spine likely related to muscle spasm versus patient positioning; an MRI of the left shoulder on 06-23-2015 which showed trace fluid in the subacromial bursa, mild arthropathy and fluid in the joint space consistent with low-grade synovitis, and an intact labrum. The progress report dated 08-31-2015 indicates that the injured worker presented for follow-up after receiving one transforaminal epidural steroid injection. He stated that he received about 50% pain relief with the injection for only a couple of days. The injured worker also stated that his pain was now the same. He complained of low back pain which radiated down his left leg at times, associated with numbness and tingling down the back of his left leg. Without pain medication, the injured worker rated his pain 5 out of 10, and with

medication, his pain level was rated 2 out of 10. On 08-13-2015, the injured worker rated his pain 7 out of 10. The injured worker was out of Tramadol and requested a prescription for the medication with a muscle relaxer. The objective findings include normal strength of the bilateral lower extremities; positive left straight leg raise test at 30-45 degrees in the L5 distribution; negative right straight leg raise test; moderate pain with lumbar extension; moderate palpable spasms of the bilateral lateral lumbar musculature with positive twitch response; and an antalgic gait on the left. The treatment plan included the start of Soma 350mg #90, three times a day as needed for spasms, the increase of Tramadol 50mg #120, four times a day as needed for breakthrough pain, to improve pain and function, two additional left L4-5 and L5-S1 transforaminal epidural steroid injections for treatment of lumbar radiculopathy. There was documentation that the injured worker had a signed narcotic agreement on file; he did not show any aberrant drug seeking behavior; and the urine drug screen was consistent with the prescribed medications. The medical records did not include a copy of the urine drug screening. The injured worker has been referred to the primary treating physician. The request for authorization was dated 09-06-2015. The treating physician requested two (2) left L4-5 transforaminal epidural steroid injections; two (2) left L5-S1 transforaminal epidural steroid injections; Tramadol 50mg #120; and Soma 350mg #90.On 09-09-2015, Utilization Review (UR) non- certified the request for Soma 350mg #90; and modified the request for two (2) left L4-5 transforaminal epidural steroid injections to one (1) left L4-5 transforaminal epidural steroid injection; two (2) left L5-S1 transforaminal epidural steroid injections to one (1) left L5-S1 transforaminal epidural steroid injection; and Tramadol 50mg #120 to Tramadol 50mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-L5 Transforaminal Epidural Steroid Injections qty 2.00: 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: Per the MTUS, ESI's are recommended as an option for the treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and /or electrodiagnostic testing. The purpose of the ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery. The treatment alone offers no significant long-term functional benefit. 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. A review of the injured workers recent medical records reveal subjective and objective findings of radiculopathy therefore based on his clinical presentation and the guidelines the request for Left L4-L5 Transforaminal Epidural Steroid Injections qty 2.00 appear appropriate and is medically necessary.

Left L5-S1Transforaminal Epidural Steroid Injections qty 2.00: 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: Per the MTUS, ESI's are recommended as an option for the treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and /or electrodiagnostic testing. The purpose of the ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery. The treatment alone offers no significant long-term functional benefit. 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. A review of the injured workers recent medical records reveal subjective and objective findings of radiculopathy therefore based on his clinical presentation and the guidelines the request for Left L5-S1 Transforaminal Epidural Steroid Injections qty 2.00 appear appropriate and is medically necessary.

Tramadol 50mg qty 120.00: 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, criteria for use.

Decision rationale: The MTUS states that tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Opioids are recommended for chronic pain, especially neuropathic pain that has not responded to first line recommendations like antidepressants and anticonvulsants. Long terms users should be reassessed per specific guideline recommendations and the dose should not be lowered if it is working. Per the MTUS, Tramadol is indicated for moderate to severe pain. A review of the injured workers medical records reveal subjective and objective documentation of moderate pain which is improved up to 50% with the use of tramadol, the continued use is appropriate, therefore the request for Tramadol 50mg qty 120.00 is medically necessary.

Soma 350mg qty 90.00: 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): Carisoprodol (Soma).

Decision rationale: Per the MTUS, recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. Carisoprodol is not recommended for longer than a 2 to 3 week period. Carisoprodol is metabolized to meprobamate an anxiolytic that is a schedule IV controlled substance. Carisoprodol is classified as a schedule IV drug in several states but not on a federal level. It is suggested that its main effect is due to generalized sedation as well as treatment of anxiety. A review of the injured workers medical records do not reveal extenuating circumstances that would necessitate deviating from the guidelines and therefore the request for Soma 350mg #90 is not medically necessary.