

Case Number:	CM15-0198823		
Date Assigned:	10/14/2015	Date of Injury:	02/25/1991
Decision Date:	12/18/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/09/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 55 year old, male who sustained a work related injury on 2-25-91. A review of the medical records shows he is being treated for low back pain. Treatments have included heat-cold therapy, rest, medications, nerve blocks-injections, previous lumbar epidural steroid injections, chiropractic therapy, physical therapy, TENS unit therapy and psychological treatment. He received "greater than 75% relief of pain with previous injections." Current medications include Hydrocodone-Acetaminophen, Tramadol, Voltaren gel, Zofran, and Amitriptyline. He has been taking the Hydrocodone-Acetaminophen and Tramadol since at least 4-2015. There is insufficient documentation on how these medications are decreasing his pain levels, increasing his functional capabilities or how he is taking them. In the progress notes, the injured worker reports frequent low back pain that radiates to the left calf. He describes it as sharp, pins and needles, stabbing, numbness, electrical-shooting with cramping, weakness and spasm. He rates his current pain level a 5 out of 10. On a good day, his pain level is 5 out of 10 and on a bad day, the pain level is an 8 out of 10. On physical exam dated 9-9-15, he has tenderness to palpation at L4-5 area. He has diffuse, moderate tenderness and spasms to lumbar area. He has decreased range of motion in lumbar spine. He has positive leg raises with both legs. He has positive Patrick's maneuver and Fabere test in left leg. Motor strength in both legs is normal. He has decreased sensation in left L4, L5 and S1 dermatomes. He is working. The treatment plan includes requests for medication refills, for an MRI of lumbar spine and for a lumbar epidural steroid injection. In the Utilization Review dated 9-25-15, the requested treatments of Hydrocodone-Acetaminophen 10-325mg. #150, Tramadol HCL 50mg. #120, MRI

of lumbar spine and lumbar transforaminal epidural steroid injection L4, L5 and S1 with anesthesia and x-ray fluoroscopy guidance are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if; (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. MTUS guidelines also recommends that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Therefore, based on the submitted medical documentation, the request for Norco 10/325 is not medically necessary.

Tramadol HCL 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. Per MTUS guidelines, Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Tramadol may increase the risk of seizure especially in patients taking SSRIs, TCAs and other opioids. Do not prescribe to patients that at risk for suicide or addiction. Per ODG, Tramadol is associated with an increased risk for hypoglycemia requiring hospitalization. Although rare, tramadol-induced hypoglycemia is a potentially fatal, adverse event. Hypoglycemia adds to mounting concerns about tramadol, a weak opioid that counter the perception that it is a safer alternative to full opioids. This patient has lumbar and sacral back pain which is currently being treated with opioids. The patient is at risk for addiction due to his current opioid use.

Therefore, based on the submitted medical documentation, the request for tramadol is not-medically necessary.

Lumbar MRI without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Indications for magnetic resonance imaging.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a lower back (lumbar spine) MRI for this patient. The MTUS guidelines recommend that: Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. In this patient's case, the patient's physical exam does not document any red flag symptoms (bowel/bladder incontinence, saddle anesthesia, fevers) or new neurologic deficits to warrant a repeat lower back MRI study. Indeed, the results of a prior MRI are not clearly documented to assess for prior degenerative or neurological disease in relation to current findings. At this time, the patient's complaints of pain are subjective and not in a clear radicular distribution. Therefore, based on the submitted medical documentation, the request for a MRI of the lumbar spine is not medically necessary.

Lumbar transforaminal epidural steroid injection L4, L5, and S1 with anesthesia and x-ray fluoroscopy guidance: 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: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. Per the California MTUS Chronic Pain Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Per MTUS criteria, Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. This patient has been requested to receive L4-S1 epidural steroid injections. Although an MRI supports the patient's clinical radicular findings, results of an EMG supporting the patient's neurologic complaints are not

documented. Hence, the procedure is not indicated by MTUS guidelines. Therefore, based on the submitted medical documentation, the request for an epidural steroid injection is not medically necessary.