

Case Number:	CM15-0199280		
Date Assigned:	10/14/2015	Date of Injury:	10/25/1991
Decision Date:	12/01/2015	UR Denial Date:	09/11/2015
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: California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 68 year old male with a date of injury on 10-25-91. A review of the medical records indicates that the injured worker is undergoing treatment for chronic lower back pain. Progress report dated 7-8-15 reports continued complaints of pain in the lower back radiating to the left lower extremity with tingling, numbness and weakness. He reports the left side lower back is worse than the right side and he has difficulty raising his left lower extremity. He uses Tramadol for pain relief and the pain has increased since reducing Tramadol to 1 per day. He states the last injection provided him with approximately 12 months of relief and has now worn off. Treatments include: medications, physical therapy, chiropractic treatments, lumbar epidural steroid injection. Left L5-S1 transforaminal epidural steroid injection provided 80 percent improvement for 5 months with reduction in use of pain medications. Request for authorization was made for Tramadol 50 mg quantity 90 and Transforaminal epidural steroid injection at L5-S1. Utilization review dated 9-11-15 modified request to certify Tramadol 50 mg quantity 38 and non-certified the request for Transforaminal epidural steroid injection at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications.

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

Decision rationale: According to the MTUS guidelines, Tramadol is a synthetic opioid and is an emerging fourth class of opiate analgesic that may be used to treat chronic pain. The MTUS guidelines state that small class of synthetic opioids exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. The maximum dosing of Tramadol is 400 mg/day. In this case, the injured worker is followed for chronic pain and has evidence of neuropathic pain. Efficacy and functional benefit is noted with the utilization of Tramadol and the medical records do not establish evidence of abuse or diversion. The request for Tramadol 50mg, #90 is medically necessary and appropriate.

One transforaminal epidural steroid injection at L5-S1: 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 guidelines, in order to proceed with epidural steroid injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and that the injured worker was unresponsive to conservative treatment. Per the MTUS guidelines, 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. The medical records indicate that a prior left L5-S1 transforaminal epidural steroid injection provided 80 percent improvement for 5 months with reduction in use of pain medications. The request for a repeat injection is supported at this juncture. The request for One transforaminal epidural steroid injection at L5-S1 is medically necessary and appropriate.