

Case Number:	CM15-0215345		
Date Assigned:	11/05/2015	Date of Injury:	09/04/2014
Decision Date:	12/18/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/02/2015

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 64 year old male with an industrial injury date of 09-04-2014. Medical record review indicated she is being treated for lumbar disc syndrome with anterolisthesis and mild to moderate neuroforaminal stenosis most notably at lumbar 4-5 and to a lesser extent lumbar 5-sacral 1 and lumbar 3-lumbar 4, lumbar radiculopathy, chronic myofascial pain and lumbar facet syndrome. The treatment note (10-13-2015) documents the injured worker is post lumbar steroid injection on 09-21-2015 for left lumbar 4-lumbar 5 and lumbar 5-sacral 1. The injured worker stated there was a change in his radicular pattern of pain on the left for the first few days but has returned relatively to baseline within a short period. Current complaints included low back pain with radiation in the lower extremity described as burning and tingling sensation into the lateral aspect of the calf and into the foot. The injured worker had discontinued Ibuprofen. He had tried Tramadol in the past (noted in the 02-2015 notes.) Other treatments included lumbar epidural steroid injection and physical therapy. Objective findings (10-13-2015) include significant tenderness in the lumbar paraspinal muscles, taut muscle bands and splinting. There was significant palpable tenderness over the lower lumbar 3-4 and lumbar 4-5 facet joints bilaterally. Straight leg raise was positive on the left. Forward flexion was 50 degrees with painful turning and upright positioning. Extension was painful at 15 degrees. The treating physician noted the injured worker had a signed opioid agreement and CURES was consistent with medication reported. On 10-27-2015 the request for Tramadol 50 mg quantity of 60 was modified to a quantity of 36 by utilization review. The request for repeat lumbar epidural

steroid injection, left catheter, and intrathecal versus caudal lumbar 4- lumbar 5 was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

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, there is a lack of quantifiable pain relief or objective evidence of functional improvement with the prior use of Tramadol. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Tramadol 50mg #60 is determined to not be medically necessary.

Repeat lumbar epidural steroid injection (ESI), left catheter, intrathecal versus caudal L4-L5 and L5-S1: 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, the injured worker had a recent lumbar ESI on 09-21-15 that did not provide the requisite pain relief or duration of relief required by the guidelines. The request for repeat lumbar epidural steroid injection (ESI), left catheter, intrathecal versus caudal L4-L5 and L5-S1 is determined to not be medically necessary.