

Case Number:	CM15-0218268		
Date Assigned:	11/10/2015	Date of Injury:	11/21/2012
Decision Date:	12/23/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/05/2015

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: Physical Medicine & Rehabilitation

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 57 year old male with a date of injury on 11-21-12. A review of the medical records indicates that the injured worker is undergoing treatment for neck and back pain. Progress report dated 9-30-15 reports complaints of severe headaches. Neck pain radiates to both upper extremities. He reports having one cervical epidural injection, which has been helpful. He has complaints of lower back pain that intermittently radiates to both lower extremities. Pain medication provides relief. He reports following manipulation he is gaining more range of motion. MRI lumbar spine 6-30-14 revealed multi level herniated ruptured disc disease. MRI cervical spine 7-9-14 revealed discogenic disease and bilateral neural foraminal narrowing. Objective findings: cervical spine has mild spasm and decreased range of motion, lumbar spine has tenderness to palpation, spasm and guarding, straight leg raise is decreased. Treatments include: medication, cervical epidural steroid injection and chiropractic. Request for authorization was made for Tramadol 50 mg quantity 60 and LESI x 2. Utilization review dated 10-26-15 modified to certify Tramadol 50 mg quantity 45 for weaning and non-certified lumbar epidural steroid injection times 2.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment.

Decision rationale: The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, attempted tapering off narcotics, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 2012 injury without acute flare, new injury, or progressive neurological deterioration. The Tramadol 50mg #60 is not medically necessary or appropriate.

LESI x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation AMA Guides (Radiculopathy).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits to support the epidural injections. Clinical findings indicate tenderness with spasms; however, without any specific correlating myotomal/ dermatomal motor or sensory deficits. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned. The LESI x 2 is not medically necessary or appropriate.

