

Case Number:	CM15-0221582		
Date Assigned:	11/17/2015	Date of Injury:	04/22/2013
Decision Date:	12/31/2015	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	11/11/2015

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:

The injured worker is a 33-year-old male, who sustained an industrial injury on April 22, 2013, incurring low back injuries. He was diagnosed with lumbar degenerative disc disease, spondylosis and lumbar radiculopathy. Treatment included bed rest, surgery, acupuncture, psychotherapy, biofeedback, nerve blocks, traction, and transcutaneous electrical stimulation unit with no relief. He obtained moderated relief from chiropractic sessions, physical therapy and exercise. On July 17, 2015, the injured worker underwent a bilateral lumbar epidural steroid injection with greater than 50% pain relief. Currently, the injured worker complained of persistent low back pain radiating to the bilateral lower extremities. He rated the sharp and throbbing pain 8 out of 10 on a pain scale from 0 to 10. He noted the pain had been constant for two years since his injury. The pain causes loss of bowel control and loss of sleep. He noted increased pain with prolonged walking, sitting and standing. He was unable to perform activities of daily living secondary to the ongoing pain. Lying down, medications and relaxing helped alleviate his pain. The treatment plan that was requested for authorization included bilateral lumbar epidural steroid injection and one prescription of Tramadol 150 mg. On November 5, 2015, a request for a bilateral lumbar epidural steroid injection was noncertified and a one prescription for Tramadol was modified to #28 by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4, L5 transforaminal epidural steroid injection: 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: The patient was injured on 04/22/13 and presents with low back pain. The request is for a BILATERAL L4, L5 TRANSFORAMINAL EPIDURAL STEROID INJECTION. The RFA is dated 10/20/15 and the patient is not currently working. The patient is status post bilateral L4, L5 transforaminal epidural steroid injection on 07/17/15. MTUS Chronic Pain Medical Treatment Guidelines 2009, page 46, Epidural Steroid Injections (ESIs) section states: "Criteria for the use of Epidural steroid injections: 1. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3. Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." 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. The patient has a limited lumbar spine range of motion, a positive straight leg raise, a positive FABER test, hypertonicity, spasm, tenderness, tight muscle band and trigger points on both sides. He is diagnosed with lumbar degenerative disc disease, spondylosis and lumbar radiculopathy. Treatment to date includes bed rest, surgery, acupuncture, psychotherapy, biofeedback, nerve blocks, traction, and transcutaneous electrical stimulation unit with no relief. The 10/22/14 lumbar spine MRI revealed L4-5 level with disc bulge/herniation, spinal canal stenosis, neuroforaminal narrowing, disc protrusion with annular fissuring, and a 3 mm retrolisthesis L4 on L5. The utilization review letter indicates that the patient had "greater than 50% pain relief" with his prior ESI at L4, L5. However, the treater has not documented the duration of pain relief or a reduction of medication from the prior injection. MTUS Guidelines require documentation of not only 50% or greater pain reduction but a measure of functional improvement as well decreased use of medication. The requested lumbar epidural steroid injection to the lumbar spine IS NOT medically necessary.

1 prescription of Tramadol 150mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

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

Decision rationale: The patient was injured on 04/22/13 and presents with low back pain. The request is for 1 PRESCRIPTION OF TRAMADOL 150 MG for pain. The RFA is dated 10/20/15 and the patient is not currently working. The patient has been taking this medication as

early as 06/08/15. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS , page 113 regarding Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. The 06/08/15 and 10/19/15 treatment reports state that the patient rates his pain as a 6/10 when in control and a 9/10 at its worst. The patient had a urine drug screen on 06/09/15 and was inconsistent with hydrocodone, norhydrocodone, and hydromorphone. In this case, not all of the 4 A's are addressed as required by MTUS Guidelines. There are no examples of ADLs which demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Tramadol IS NOT medically necessary.