

Case Number:	CM15-0052168		
Date Assigned:	03/25/2015	Date of Injury:	05/19/2011
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/19/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 42 year old female injured worker suffered an industrial injury on 05/19/2011. The diagnoses included chronic pain, lumbar radiculitis, and lumbar radiculopathy. The diagnostics included lumbar magnetic resonance imaging. The injured worker had been treated with medications epidural steroid injections. On 2/15/2015 the treating provider reported neck pain and low back pain. It radiated down both legs with tingling and is sharp with frequent muscle spasms. The injured worker has prior epidural steroid injections with good response. The treatment plan included (B) transforaminal epidural steroid injection L4-L5, Lidoderm patch, and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

(B) transforaminal epidural steroid injection L4-L5 under fluoroscopy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46.

Decision rationale: The claimant is nearly 4 years status post work-related injury and continues to be treated for chronic radiating low back pain. Treatments included a lumbar epidural steroid injection in April 2014 with reported 50%-80% improvement lasting for 2 months. Medications include Tramadol ER and Norco at a total MED (morphine equivalent dose) of 60 mg per day. Guidelines recommend that, when in the therapeutic phase, repeat epidural steroid injections should be based on documented pain and functional improvement, including at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the requested epidural injection is within applicable guidelines and therefore were medically necessary.

Lidoderm patch 5% patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch). p56-57 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant is nearly 4 years status post work-related injury and continues to be treated for chronic radiating low back pain. Treatments included a lumbar epidural steroid injection in April 2014 with reported 50%-80% improvement lasting for 2 months. Medications include Tramadol ER and Norco at a total MED (morphine equivalent dose) of 60 mg per day. In terms of topical treatments, topical Lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. Therefore, Lidoderm was not medically necessary.

Tramadol ER 150mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80, (3) Opioids, dosing, p86.

Decision rationale: The claimant is nearly 4 years status post work-related injury and continues to be treated for chronic radiating low back pain. Treatments included a lumbar epidural steroid injection in April 2014 with reported 50%-80% improvement lasting for 2 months. Medications include Tramadol ER and Norco at a total MED (morphine equivalent dose) of 60 mg per day. Tramadol ER is a long acting opioid used for the treatment of baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED is less than 120 mg per day consistent

with guideline recommendations. Therefore, the continued prescribing of Tramadol ER was medically necessary.