

Case Number:	CM15-0052430		
Date Assigned:	03/25/2015	Date of Injury:	12/26/2002
Decision Date:	05/04/2015	UR Denial Date:	03/05/2015
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: 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:

The injured worker is a 54 year old male who sustained an industrial injury involving his neck, bilateral upper extremities and right lower extremity when the ladder he was on slipped causing him to fall on top of the ladder striking his face, chin, chest, shoulders, right leg and knee. He was treated that day with casting for a shattered right wrist, and then he had surgery. He had a stimulator implanted to control the right arm pain. He currently complains of ongoing pain and weakness in the left shoulder, low back with radiation to legs. His pain intensity is 7-8/10 without medications. Medications are Norco and Soma. Diagnoses include Status post open left shoulder subacromial decompression, rule out rotator cuff tear; spondylolisthesis L5-S1; right S1 radiculopathy; left active C5-C6 radiculopathy; complex regional pain syndrome, right upper extremity; status post spinal cord stimulator implantation; status post left partial epicondylectomy and extensor tendon repair; status post right shoulder open exploration and subacromial decompression, acromioclavicular jointarthropathy. Treatments to date include implanted spinal cord stimulator, medications. Diagnostics include computed tomography arthrogram (2010). In the progress note, dated 1/28/15 the treating providers plan of care includes urine toxicology screen and trial of Tramadol for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right L4-S1 epidural steroid injection under fluoroscopic guidance and with MAC anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 45-46.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, 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. In this case, the injured worker has undergone a prior lumbar epidural steroid injection on 8/4/14 and there is no evidence of significant long lasting pain relief with increase in function to support a repeat procedure. The request for 1 Right L4-S1 epidural steroid injection under fluoroscopic guidance and with MAC anesthesia is not medically necessary.

Unknown prescription of Tramadol: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the MTUS guidelines, the long-term use of opioids is not recommended for chronic non-malignant pain. In addition, opioids are not supported as a first line treatment for neuropathic pain. In this case, the injured worker is being prescribed Norco, and the request to add another opioid medication is not supported. The request for Tramadol is therefore not medically necessary.

1 urine drug screen: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Test, Opioids Criteria for Use Page(s): 43, 75-78.

Decision rationale: The CA MTUS chronic pain medical treatment guidelines recommend the use of drug screening for patients with issues of abuse, addiction, or poor pain control. In this case, poor pain control has been noted. It is also noted that the urine drug screen was performed on 1/28/15 and revealed inconsistent results. The request for 1 urine drug screen is medically necessary.