

Case Number:	CM15-0066151		
Date Assigned:	04/13/2015	Date of Injury:	08/30/2005
Decision Date:	07/01/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/07/2015

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: Arizona, Michigan

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 29-year-old female, who sustained an industrial injury on 08/30/2005. She has reported injury to the low back and right foot. The diagnoses have included low back pain syndrome; post-laminectomy syndrome lumbar; and sacroiliitis. Treatment to date has included medications, diagnostics, injections, chiropractic therapy, physical therapy, massage therapy, and surgical intervention. Medications have included Norco, Gabapentin, Zanaflex, Motrin, Tramadol, and topical compounded creams. A progress note from the treating provider, dated 03/03/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain with associated numbness, tingling, weakness and spasms in the bilateral lower extremities; pain gets better with medications and ice packs. Objective findings have included facet tenderness is present bilaterally on the lumbar spine; radicular pain is present on the left L4-5, L5-S1, and right L5-S1 levels; and range of motion of the lumbar spine is decreased due to pain. The treatment plan has included the request for Left L4-L5 transforaminal epidural steroid injection under fluoroscopic guidance, quantity: 2; Left L-S1 transforaminal epidural steroid injection under fluoroscopic guidance, quantity: 2; Right L5-S1 transforaminal epidural steroid injection under fluoroscopic guidance, quantity: 2; Dyna MD Diclofena/Gabapentin/Baclofen/Cyclobenzaprine/Bupivacaine/Lidocaine, quantity: 1; Tramadol Hydrochloride 50 mg, quantity: 60; and Norco 325mg-10mg, quantity: 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-L5 transforaminal epidural steroid injection under fluoroscopic guidance, QTY: 2:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

Decision rationale: Per the MTUS, Epidural Steroid Injections are recommended as an option for the treatment of radicular pain. The purpose of the ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery. The treatment alone offers no significant long-term functional benefit. If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. 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. A review of the injured workers medical records reveal documented evidence of radiculopathy on physical examination that is corroborated by imaging, however there is no clear rationale for why quantity of 2 as opposed to 1 which is supported by the guidelines is being requested, therefore the request for Left L4-L5 transforaminal epidural steroid injection under fluoroscopic guidance, QTY: 2 is not medically necessary.

Left L5-S1 transforaminal epidural steroid injection under fluoroscopic guidance, QTY: 2:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

Decision rationale: Per the MTUS, Epidural Steroid Injections are recommended as an option for the treatment of radicular pain. The purpose of the ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery. The treatment alone offers no significant long-term functional benefit. If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. 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. A review of the injured workers medical records reveal documented evidence of radiculopathy on physical examination that is corroborated by imaging, however there is no clear rationale for why quantity of 2 as opposed to 1 which is supported by the guidelines is being requested, therefore the request for Left L5-S1 transforaminal epidural steroid injection under fluoroscopic guidance, QTY: 2 is not medically necessary.

Right L5-S1 transforaminal epidural steroid injection under fluoroscopic guidance, QTY: 2:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

Decision rationale: Per the MTUS, Epidural Steroid Injections are recommended as an option for the treatment of radicular pain. The purpose of the ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery. The treatment alone offers no significant long-term functional benefit. If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. 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. A review of the injured workers medical records reveal documented evidence of radiculopathy on physical examination that is corroborated by imaging, however there is no clear rationale for why quantity of 2 as opposed to 1 which is supported by the guidelines is being requested, therefore the request for Right L5-S1 transforaminal epidural steroid injection under fluoroscopic guidance, QTY: 2 is not medically necessary.

Dyna MD Diclofenac/Gabapentin/Baclofen/Cyclobenzaprine/Bupivacaine/Lidocaine, QTY: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. This compound contains multiple drugs that are not supported by the guidelines and the injured workers medical records did not reveal extenuating circumstances that would warrant deviating from the guidelines, therefore the request for Dyna MD Diclofenac / Gabapentin / Baclofen / Cyclobenzaprine / Bupivacaine / Lidocaine, QTY: 1 is not medically necessary.

Tramadol Hydrochloride 50mg, QTY: 60, provided on date of service: 3/3/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain; Weaning of Medications Page(s): 81, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol (Ultram) Page(s): 74-96, 113.

Decision rationale: The MTUS states that tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Opioids are recommended for chronic pain, especially neuropathic pain that has not responded to first line recommendations like antidepressants and anticonvulsants. Long term users should be reassessed per specific guideline recommendations and the dose should not be lowered if it is working. Per the MTUS, Tramadol is indicated for moderate to severe pain. A review of the injured workers medical records reveal that she appears to have tried and failed multiple antidepressants and anticonvulsants and it does appear in her case that the use of tramadol is clinically indicated, therefore the request for Tramadol Hydrochloride 50mg, QTY: 60, provided on date of service: 3/3/15 is medically necessary.

Norco 325mg-10mg, QTY: 60, provided on date of service: 3/3/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain; Weaning of Medications Page(s): 81, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96 (78, 89, 95).

Decision rationale: Per the MTUS, opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances, Opioids should be continued if the patient has returned to work or has improved functioning and pain. Ongoing management actions should include prescriptions from a single practitioner, taken as directed and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Documentation should follow the 4A's of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Long-term users of opioids should be regularly reassessed. In the maintenance phase, the dose should not be lowered if it is working. Also, patients who receive opioid therapy may sometimes develop unexpected changes in their response to opioids, which includes development of abnormal pain, change in pain pattern, persistence of pain at higher levels than expected when this happens opioids can actually increase rather than decrease sensitivity to noxious stimuli. It is important to note that a decrease in opioid efficacy should not always be treated by increasing the dose or adding other opioids, but may actually require weaning. A review of the injured workers medical records reveal documentation of improvement in pain and documentation of appropriate ongoing management actions and therefore the request for Norco 325mg-10mg, QTY: 60, provided on date of service: 3/3/15 is medically necessary.