

<b>Case Number:</b>	CM15-0085376		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	02/01/2003
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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, 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 injured worker is a 56 year old male, who sustained an industrial injury on 2/01/2003. He reported acute onset of low back pain during pushing/pulling activity. Diagnoses include lumbar disc displacement without myelopathy, sciatica, disorders of the sacrum, and depression. Treatments to date include topical medical cream, analgesic, and lumbar epidural injections. Currently, he complained of ongoing low back pain with radiation to the left lower extremity. On 4/14/15, the physical examination documented an antalgic gait using a cane for ambulation. There was muscle spasm and guarding noted to the lumbar spine along with decreased sensation to lower extremities. The plan of care included docusate sodium 100mg tablets, tramadol 50 mg, and requested authorization of lumbar transforaminal epidural injections to L4-5 and L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Docusate Sodium 100mg, Qty: 60 with 3 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, and 120.

**Decision rationale:** Regarding the request for docusate sodium, California Pain Medical Treatment Guidelines support the prophylactic treatment of constipation for patients undergoing chronic opioid therapy. Within the documentation available for review, the patient does report improvement in symptoms of constipation due to opioids with use of this medication. In light of the above, the currently requested docusate sodium is medically necessary.

**IV (intravenous) Sedation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**Decision rationale:** Regarding the request for IV sedation, it is noted that the ESI is not medically necessary. Therefore, IV sedation is not indicated. As such, IV sedation is not medically necessary.

**Left Transforaminal LESI (lumbar epidural steroid injections) at L4-L5, L5-S1 (sacroiliac):** 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 Page(s): 46.

**Decision rationale:** Regarding the request for epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, the provider noted more than 50% pain relief for more than 6 weeks from prior ESI, but there is no indication of any objective functional improvement or decreased medication usage. In the absence of such documentation, the currently requested epidural steroid injection is not medically necessary.

**Tramadol 50mg, Qty: 90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, and 120.

**Decision rationale:** Regarding the request for tramadol, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain without intolerable side effects or aberrant use. In light of the above, the currently requested tramadol is medically necessary.