

Case Number:	CM14-0126418		
Date Assigned:	09/12/2014	Date of Injury:	02/25/2013
Decision Date:	10/10/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/07/2014

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. The expert reviewer is Board Certified in Emergency Medicine, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 40 year old female who reported an injury on 02/15/2012. The mechanism of injury was reported as cumulative trauma. Her diagnoses included lumbar radiculopathy, herniated nucleus pulposus at L3-4, and sciatica. Her treatments included trigger point injections, medications, physical therapy, 6 sessions of chiropractic treatment, 6 sessions of acupuncture, a back brace, bilateral sacroiliac joint injections, facet injections, and prolonged rest. Diagnostics included initial X-rays at the time of injury and an unofficial MRI of the lumbar spine performed 03/27/2014 that was noted to show a disc herniation at L3-4 causing stenosis of the spinal canal, left lateral, and bilateral neural foramen. Her previous surgeries were irrelevant to the work related injury. On 04/29/2014 the injured worker reported severe low back pain radiating into the right leg. Physical examination revealed a positive straight leg raise on the right with sciatic radiculopathy across the S1 distribution. Her medications included Anaprox, Prilosec, Terocin lotion, and Ultram extended release. The treatment plan was for an Epidural injection x2, Ultram extended release 150mg #60 with 3 refills, Anaprox DS 550mg #60 with 3 refills, Prilosec 20mg #60 with 3 refills. The rationale for the request was due to the injured worker's radicular pain and failure of conservative treatments. The request for authorization form was dated 04/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural injection Quantity 2: Upheld

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

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

Decision rationale: Based on the clinical information submitted for review, the request for Epidural injection x2 is not medically necessary. As stated in California MTUS Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain. The purpose of epidural steroid injections is to facilitate progress in more active treatment programs, but injections alone offer no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies. Pain must be initially unresponsive to conservative treatment. The injured worker reported pain across her lower back that radiated down her right leg. It was noted she had failed conservative care in the past. The unofficial MRI of the lumbar spine revealed a disc herniation at L3-4. The physical examination findings showed negative sensation in the S1 plantar aspect. There is a lack of physical examination findings corroborated by imaging. No official imaging studies were submitted for review. A complete neurologic examination was not provided. The clinical indicated a series of epidural steroid injections was being requested. The guidelines state a second block is not recommended if there is inadequate response to the first block. The request for 2 injections does not allow for the evaluation of the injured worker's response. Furthermore, the request failed to provide which level would be injected. As such, the request for Epidural injection Quantity 2 is not medically necessary.

Ultram ER 150mg, #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 78.

Decision rationale: Based on the clinical information submitted for review, the request for Ultram extended release 150mg #60 with 3 refills is not medically necessary. As stated in the California MTUS Guidelines, Ultram is reported to be effective in managing neuropathic pain. Ongoing use of opioids requires continuous documentation and assessment of pain relief, functional status, appropriate medication use, and side effects. The detailed pain assessment should include the current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The injured worker reported pain across her lower back that radiated down her right leg. There was a lack of clinical information showing that the physician performed a detailed pain assessment as noted in the guidelines. There is no indication of significant pain relief or objective functional improvements with the use of Ultram. Furthermore, the guidelines indicate that there must be appropriate medication use; however, the urine drug screen collected on 02/25/2014 did not show Ultram which was an inconsistency with her medications. Also, the

request failed to provide how frequent the medication would be taken. As such, the request for Ultram extended release 150mg #60 with 3 refills is not medically necessary.

Anaprox DS 550mg, #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68.

Decision rationale: Based on the clinical information submitted for review, the request for Anaprox DS 550mg #60 with 3 refills is not medically necessary. As stated in California MTUS Guidelines, NSAIDs are recommended as an option for short term symptomatic relief of chronic low back pain. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. The injured worker reported pain across her lower back that radiated down her right leg. There is no indication of significant pain relief or objective functional improvement with the use of Anaprox. Furthermore, it is indicated in the guidelines that NSAIDs are only recommended for short symptomatic relief; however, she was noted as taking the medication for at least 6 months with no documentation showing if the medication has benefited her. Lastly, the request failed to provide the frequency of the medication. As such, the request for Anaprox DS 550mg #60 with 3 refills is not medically necessary.

Prilosec 20mg, #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Patients a risk for gastrointestinal events and no cardiovascular. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Pain Chapter Proton pump inhibitors (PPIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: Based on the clinical information submitted for review, the request for Prilosec 20mg, #60 with 3 refills is not medically necessary. As stated in California MTUS Guidelines, the prescribing physician should determine if the injured worker is at risk for gastrointestinal events, such as over 65 years; history of peptic ulcer, gastrointestinal bleeding or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID use. The guidelines recommend proton pump inhibitors for injured workers taking NSAIDs with current gastrointestinal problems or those at risk for gastrointestinal event. The injured worker reported pain across her lower back that radiated down her right leg. Her medications included Tramadol and Anaprox DS. The guidelines indicate that some risk factors for gastrointestinal events include being over 65 years and history of peptic ulcer or gastrointestinal bleeding; however, the clinical information did not indicate the injured worker was at risk for gastrointestinal event. There is a lack of documentation regarding current gastrointestinal symptoms. Furthermore, the request failed to provide how frequent the

medication would be taken. As such, the request for Prilosec 20mg, #60 with 3 refills is not medically necessary.