MAXIMUS Federal Services

| Case Number: | CM14-0186213 | | |
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| Date Assigned: | 11/12/2014 | Date of Injury: | 02/28/1997 |
| Decision Date: | 12/19/2014 | UR Denial Date: | 10/29/2014 |
| Priority: | Standard | Application Received: | 11/05/2014 |

## 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 66 years old female with an injury date on 02/28/1997. Based on the 10/16/2014 progress report provided by the treating physician, the diagnoses are:1. R/O bilateral lumbar facet mediated pain2. Bilateral sacroiliac joint pain with bilateral piriformis syndrome3. L1 Wedge Deformity with Marrow Edema4. Severe Deconditioning.According to this report, the patient complains of "low back pain with radiation to her bilateral hips and down her right leg to foot into the heel." Physical exam reveals patient "sitting in wheel chair, able to stand and transfer.""Exquisite tenderness" is noted over the lumbar facet joint, bilateral sacroiliac joints, and right greater trochanter. Motor examof the lower extremities indicates a 3/5 on the right and 4/5 on the left due to deconditioning. Diminished sensory is noted at t he right heel. There were no other significant findings noted on this report. The utilization review denied the request on 10/29/2014. The requesting provider provided treatment reports from 01/17/2013 to 10/16/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 200 mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Criteria For Use Of Opioids Page(s): 60, 61, 76-78, and 88-89..

**Decision rationale:** According to the 10/16/2014 report, this patient presents with "low back pain with radiation to her bilateral hips and down her right leg to foot into the heel."The current request is for Tramadol ER 200mg #30. The medication was first mentioned in the 01/17/13 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of reports show the patient "can only stand and walk for very short periods of time due to the pain" and "is unable to care for herself at home with these limitations." "She is currently taking tramadol for around the clock pain control" and pain is rated at a 10/10.In this case, chronic use of opiates does not appear to be doing much. There is no analgesia with the patient's pain still at 10/10. ADL's are discussed as above but no documentation as to how this medication is significantly improving the patient's ADL's and therefore daily function. Other than these, the documentation lacks discussion regarding other opiates management issues such as UDS and CURES and behavioral issues. Outcomes measures are not documented as required by MTUS. Change in work status or return to work attributed to use of Tramadol ER were not discussed. Given the lack of any significant improvement from the use of opiates and lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. The request is not medically necessary.

**One set of diagnostic medical branch blocks bilaterally at L4-5 and L5-S1:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter under Facet joint diagnostic blocks (injections) and Facet joint medial branch blocks (therapeutic injections)

**Decision rationale:** According to the 10/16/2014 report, this patient presents with "low back pain with radiation to her bilateral hips and down her right leg to foot into the heel." The current request is for One set of diagnostic medial branch blocks bilaterally at L4-L5 and L5-S1. Per 05/17/2014 report the patient "has had lumbar facet pain at L4-L5 and L5-S1, proven by medial branch blocks. She subjectively gets greater than 80% reduction in her symptoms with each radiofrequency." Regarding repeat MBB, ODG recommends medial branch block as a "diagnostic tool" and "recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy." The requested repeat MBB is not supported by ODG as the guideline states, "Diagnostic blocks may be performed with the anticipation that if successful, treatment may

proceed to facet neurotomy at the diagnosed levels."  In this case it appears that the patient has previously had relief from radiofrequency ablation and there is no rationale as to why the patient would require another diagnostic MBB if radiofrequency neurotomy has been performed at the same levels. ODG does not support repeat medical branch blocks. The request is not medically necessary.