

Case Number:	CM14-0217738		
Date Assigned:	01/07/2015	Date of Injury:	12/01/2011
Decision Date:	03/05/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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

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 56 year old male with an injury date on 12/01/2011. Based on the 11/25/2014 progress report provided by the treating physician, the diagnosis is: 1. Lumbosacral radiculitis/radiculopathy. According to this report, the patient complains of 6/10 sharp, shooting and constant low back pain, right leg pain, numbness, weakness and tingling. Pain is worse with bending, stooping, and heavy lifting; relieved with rest and medications. Examination of the lumbar spine shows a decreased range of motion with pain. Reduced sensation to light touch and pin prick is noted at the right L4-L5 dermatomes. Motor strength of the right knee extensor, ankle plantar flexor, and extensor hallucis is a 4/5. Straight leg raise test is positive on the right at 45 degrees causing radicular pain. The 09/30/2014 report indicates the patient's pain is a 4/10. The treating physician states the patient has undergone treatments with greater than six weeks of physical therapy, nonsteroidal anti-inflammatory medications, which did not work and underwent transforminal epidural steroid injection which did not provide him any significant relief. MRI of the lumbar on 05/14/2014 shows degenerative change with mild bilateral neural foramina stenosis at L4-5. Treatment to date includes L4-L5 interlaminar epidural steroid injection #1 in August 2014, no significant relief. The treatment plan is to request for second injection at the L4-L5 interlaminar, refill Tramadol #60 with 3 refills, Ralafen #60 with 4 refills, and Zanaflex #60. The patient's work status is limited lift, pull and push to 25 pounds. No stooping, bending, kneeling or squatting. The utilization review denied the request for L4-L5 interlaminar epidural steroid injection, and modified Tramadol 50mg #60, refill 1, and Relafen

750mg #30, refill 1 on 12/09/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 06/12/2014 to 12/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 Interlaminar Epidural Steroid Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: According to the 11/25/2014 report, this patient presents with sharp, shooting and constant low back pain, right leg pain, numbness, weakness and tingling. The current request is for L4-L5 interlaminar epidural steroid injection. For repeat injections, MTUS requires 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. Review of the provided reports show that the patient has had a lumbar ESI in August 2014 with no significant relief. In this case, the treating physician does not provide documentation of functional improvement, pain reduction at least 50%, and medication reduction. Furthermore, recent MRI report do not shows specific findings that would corroborate the patient's symptoms. Without an imaging study or electrodiagnostic study to corroborate radiculopathy and documentation of functional improvement with pain relief of at least 50%; a repeat ESI is not supported by the MTUS guideline. Therefore, the request IS NOT medically necessary.

Tramadol 50mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60-61,76-78,88-89.

Decision rationale: According to the 11/25/2014 report, this patient presents with sharp, shooting and constant low back pain, right leg pain, numbness, weakness and tingling. The current request is for Tramadol 50mg. This medication was first mentioned in the 07/08/2014 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 4A's (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. In this case, the reports provided by the

treating physician show documentation of pain assessment using a numerical scale describing the patient's pain ranging from a 6/10 to a 4/10. However, there is no documentation provided discussing functional improvement, ADL's or returns to work. No aberrant drug seeking behavior is discussed in the records provided. The treating physician has failed to clearly document the 4 A's (analgesia, ADL's, adverse side effects, adverse behavior) as required by MTUS. Therefore, the request IS NOT medically necessary and the patient should be slowly weaned per MTUS.

Relafen 750mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs Anti-inflammatory medications Medications for chronic p.

Decision rationale: According to the 11/25/2014 report, this patient presents with sharp, shooting and constant low back pain, right leg pain, numbness, weakness and tingling. The current request is for Relafen 750mg. The MTUS Guidelines page22 reveal the following regarding NSAID's, Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. In reviewing the provided reports, Relafen is first noted in the 07/08/2014 report; it is unknown exactly when the patient initially started taking this medication. The treating physician states that the patient has undergone nonsteroidal anti-inflammatory medications, which did not work. In this case, the prescribed medication does not provide functional improvement and pain relief to the patient. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate suggestions. Per treating physician, the medication did not work; therefore, the request IS NOT medically necessary.