

<b>Case Number:</b>	CM14-0218783		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	10/01/2009
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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 injured worker is a 71-year-old female, who sustained an industrial injury on October 1, 2009. She reported left shoulder pain and low back pain. The injured worker was diagnosed as having left shoulder impingement syndrome, rotator cuff tear, biceps tendonitis and status post left shoulder surgery. Treatment to date has included radiographic imaging, diagnostic studies, left shoulder surgery, conservative care, physical therapy, medications and activity restrictions. Currently, the injured worker complains of left shoulder pain and low back pain. The injured worker reported an industrial injury in 2009, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on December 1, 2014, revealed post-operative left shoulder pain and chronic low back pain. A lumbar nerve root block and medications were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Nerve Root Block on right L5-S1:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, ESI.

**Decision rationale:** This patient presents with lower back, neck and bilateral hands pain. The patient had left shoulder surgery on 12/01/14 for bicep ligament repair and clean up calcium build ups in the shoulder. The request is for Lumbar Nerve Root Block on right L5-S1. RFA date is 12/09/15 per the utilization review letter on 12/16/14. The patient is permanently partially disabled per 12/09/14 report. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." ODG guideline low back chapter states as "diagnostic epidural steroid transforaminal injections are also referred to as selective nerve root blocks, and they were originally developed, in part, as a diagnostic technique to determine the level of radicular pain". Per 12/09/14 report, physical examination showed that the patient has positive straight leg raise and gait is antalgic. MRI of lumbar spine dated 07/19/14 showed significant central disc protrusion on L5-S1. EMG and NCV dated 07/16/14 revealed "evidence of mild acute L5 and S1 radiculopathy on the right". Per 12/09/14 report, the treater states, "selective nerve root block, although can be primarily be used to diagnose the specific source of nerve root pain it is also used for therapeutic relief of low back pain and /or leg pain. (I am) ordering SNRB as patient's nerve root has become compressed and inflamed; it has produced back pain" (MRI) cleared shows disc herniation at L5-S1 of 7mm". In this case, the patient's radicular symptoms are corroborated by imaging studies and EMG is positive as well. There is no evidence that the patient has tried ESI in the past. The request is medically necessary.

**Tramadol 50mg:** Overturned

**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 Tramadol Criteria for use of Opioids Page(s): 80, 93-94, 88-89.

**Decision rationale:** This patient presents with lower back, neck and bilateral hands pain. The patient had left shoulder surgery on 12/01/14 for bicep ligament repair and clean up calcium build ups in the shoulder. The request is for Tramadol 50mg. RFA date is 12/09/15 per the utilization review letter on 12/16/14. The patient is permanently partially disabled per 12/09/14 report. The MTUS guidelines p80 on Tramadol states that, "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." MTUS page 93 and 94 states that Tramadol is indicated for "moderate to severe pain." It is not recommended for longer than 3 months use for osteoarthritis (p84). Additionally, for chronic opiate use, MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or validated instrument at least once every 6 months. Documentation of 4 A's (analgesia, ADLs, adverse side effects, adverse behaviors) are also required. Furthermore, under outcome measures, MTUS

recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medications, et cetera. Review of reports shows that the patient has been taking Tramadol as early as 05/05/14. Per 12/09/14 report, the patient reported decreased pain in the low back, neck, and bilateral hands. The patient "continues to cook, dress and shower herself without assistance. She can drive about 30minutes only without pain. She can walk 5 minutes only without limited pain. She can do light vacuuming and dusting". The back pain has decreased to 6/10, neck pain to 2/10, and bilateral hands to 5/10 with the medication while 10/22/14 report showed neck pain at 6-7/10 and back pain at 7-8/10. The treater noted on 12/09/15 report that the patient received over 50% reliefs with Tramadol and "it allows to her function and perform daily ADL's." The patient does report gastritis and is currently taking Omeprazole for relief. The treater provided urine drug test report dated 06/10/14. In this case, the patient's quality of life is adequate with satisfactory pain relief. The treater's documentation satisfies MTUS requirements for chronic opiate use. The request is medically necessary.

**Omeprazole 20mg:** Overturned

**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 NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

**Decision rationale:** This patient presents with lower back, neck and bilateral hands pain. The patient had left shoulder surgery on 12/01/14 for bicep ligament repair and clean up calcium build ups in the shoulder. The request is for Omeprazole 20mg. RFA date is 12/09/15 per the utilization review letter on 12/16/14. The patient is permanently partially disabled per 12/09/14 report. MTUS page 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Per 10/22/14 report, the patient has gastritis and treated with Omeprazole for 3 years. Per 12/09/14 report, the treater noted that Omeprazole has giving over 50% reliefs with the stomach issues and stated that the patient "reports great benefit from all her current medications and states they keep her pain levels manageable". In this case, the patient presents with gastritis and the treater reports positive improvement of symptoms. The request is medically necessary.