

<b>Case Number:</b>	CM15-0111782		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	02/26/2001
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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 37 year old male, who sustained an industrial/work injury on 2/26/01. She reported initial complaints of back pain. The injured worker was diagnosed as having chronic pain syndrome, degeneration of lumbar or lumbosacral intervertebral disc, disc displacement with radiculitis, and spondylosis with myelopathy in lumbar region. Treatment to date has included medication, epidural steroid injection, and diagnostic testing. MRI results were reported on 2001 demonstrating mild degenerative disk disease at L5-S1, moderate at L4-5, and disk protrusion on the left at L5-S1 with the compromise of the exiting L5 nerve rootlets. Electromyography and nerve conduction velocity test (EMG/NCV) was performed on 6/20/01 revealed mild S1 radiculopathy. Currently, the injured worker complains of worsening of moderate low back pain with radiation into the bilateral lower extremities. Per the primary physician's progress report (PR-2) on 5/13/15, exam noted positive straight leg raise bilaterally for 60 degrees, facet tenderness, sciatic notch tenderness bilaterally, spine extension restricted and painful, piriformis tenderness bilaterally. The requested treatments include Transforaminal epidural steroid injection, bilateral L5-S1 and Tramadol 50mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal epidural steroid injection, bilateral L5-S1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs); Criteria for the use of Epidural steroid injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-7.

**Decision rationale:** Regarding the request for repeat Lumbar 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, there is a comprehensive list of all ESIs that the patient has had in the last couple of years. Many of the injection provided greater than 50% benefit for a period of longer than 6 weeks. The last ESI done in November 2014 in fact provided 80% relief, and it was associated with improved function and reduced medication usage. Given this, the currently requested repeat Lumbar epidural steroid injection is medically necessary.

**Tramadol 50mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment; Opioids, criteria for use; Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, opioids Page(s): 75-80, 94.

**Decision rationale:** Tramadol is a centrally acting opioid agonist and also inhibits the reuptake of serotonin and norepinephrine. On July 2, 2014, the DEA published in the Federal Register the final rule placing tramadol into schedule IV of the Controlled Substances Act. This rule will become effective on August 18, 2014. The CPMTG specifies that this is a second line agent for neuropathic pain. Given its opioid agonist activity, it is subject to the opioid criteria specified on pages 76-80 of the CPMTG. With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the primary treating physician did not adequately document monitoring of the four domains. Improvement in function was not clearly outlined. This can include a reduction in work

restrictions or significant gain in some aspect of the patient's activities. Although there is a statement that the 4 A's have been reviewed in each of the progress notes, there is no elucidation of what functional benefit has been attributable to the tramadol usage. Furthermore, there was no discussion regarding possible aberrant drug-related behavior. Although there was a signed opioid agreement, there was no indication that a periodic urine drug screen (UDS) has been carried out. Based on the lack of documentation, medical necessity of this request cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supplies the requisite monitoring documentation to continue this medication.