

<b>Case Number:</b>	CM15-0090701		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	11/27/2011
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 38-year-old male, who sustained an industrial injury on 11/27/2011. Diagnoses have included lumbar herniated nucleus pulposus (HNP) with stenosis, degenerative disc disease L4-5 and L5-S1, right anterior cruciate ligament tear, right knee internal derangement, status post right knee surgery and left knee internal derangement. Treatment to date has included physical therapy, rest and medication. According to the progress report dated 3/26/2015, the injured worker complained of severe lumbar spine pain. He reported having an episode where he could not walk due to pain. He complained of right knee pain rated 9/10 and left knee pain. Exam of the lumbar spine revealed positive straight leg raise. There was decreased sensation on right S1. Exam of the right and left knees revealed tenderness to palpation to the medial and lateral joint lines. Authorization was requested for lumbar epidural steroid injections and Ultram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LESI (lumbar epidural steroid injections), Qty 2 (unspecified levels & laterality): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** The injured worker sustained a work related injury on 11/27/2011. The medical records provided indicate the diagnosis of lumbar herniated nucleus pulposus (HNP) with stenosis, degenerative disc disease L4-5 and L5-S1, right anterior cruciate ligament tear, right knee internal derangement, status post right knee surgery and left knee internal derangement. Treatment to date has included physical therapy, rest and medication. LESI (lumbar epidural steroid injections), Qty 2 (unspecified levels & laterality) is not medically necessary per the medical records provided. The MTUS guidelines on Epidural injection requires a documentation of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, after a period of failed conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The records reviewed indicate absence of physical examination finding of radiculopathy, but MRI evidence of radiculopathy.

**Ultram 50 mg Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

**Decision rationale:** The injured worker sustained a work related injury on 11/27/2011. The medical records provided indicate the diagnosis of lumbar herniated nucleus pulposus (HNP) with stenosis, degenerative disc disease L4-5 and L5-S1, right anterior cruciate ligament tear, right knee internal derangement, status post right knee surgery and left knee internal derangement. Treatment to date has included physical therapy, rest and medication. Ultram 50 mg Qty 60 is not medically necessary per the medical records provided. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been on opioids since 2014 with no overall improvement. There were inconsistent results in the urine drug screen: the test revealed presence of Tramadol (which was not prescribed), and absence of Zolpidem and Hydrocodone which had been prescribed). The MTUS recommends discontinuation of opioid treatment if there is evidence of abuse, or illegal activity.