

Case Number:	CM13-0009336		
Date Assigned:	11/20/2013	Date of Injury:	01/06/1997
Decision Date:	02/04/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California, New Jersey, and Pennsylvania. 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 physician 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 claimant is a 62-year-old female who injured her low back in a work related accident on January 6, 1997. Prior history of a lumbar MRI from January 31, 2011 showed spondylosis at L4-5 and L5-S1 with bilateral L5 neural foraminal stenosis and 2 millimeter disc bulging. There were also degenerative processes noted at L2-3 and L3-4. Recent clinical progress report for review of October 23, 2013 indicated ongoing complaints of pain about the low back stating the claimant is with a remote history of a prior L5-S1 discectomy in 2001 and documents history of multiple prior epidural steroid injections with continued chronic pain. Present complaints were that of low back pain with radiating right lower extremity pain. Pain was aggravated with activities. Physical examination findings showed a normal gait pattern, non-antalgic in nature, with no formal physical examination to the lumbar spine or neurologic evaluation performed. The claimant was given diagnoses of postlaminectomy syndrome with disc displacement. A functional restoration program was recommended at that time stating she was going to "Try to taper down on medications during functional restoration program". Previous records in this case indicate that the claimant underwent a prior epidural steroid injection at the right L4 and L5 levels on August 6, 2013 performed with sedation and use of fluoroscopy guidance. She is also noted to be continuing with medications in the form of Ambien, Fentanyl, Lidocaine ointment, Ketamine ointment, Naprosyn, Topamax, and Cyclobenzaprine. At present there is a request for further epidural steroid injection at the right L4 and L5 level to be performed with sedation and fluoroscopic guidance. There are also recommendations for the continuation of Fentanyl, Protonix, Ketamine cream, Naprosyn, Topamax, Clobenzaprine and Hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal LESI, Right L4, L5, QTY 1.00: 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: Based on California MTUS Guidelines, the role of epidural steroid injection that would include the use of contrast dye, fluoroscopic guidance, IV sedation, and epidurogram and lumbar myelography would not be indicated. The records in this case fail to demonstrate formal physical examination findings consistent with radicular pattern at the requested levels. This is taking into account the fact that this injection was performed at this same level in August of 2013 without documentation of benefit. California Guidelines in regards to epidural steroid injections clearly indicate that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The lack of the above would fail to necessitate the proposed procedure.

Lumbar Myelography: 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 Page(s): 46.

Decision rationale: Based on California MTUS Guidelines, the role of epidural steroid injection that would include the use of contrast dye, fluoroscopic guidance, IV sedation, and epidurogram and lumbar myelography would not be indicated. The records in this case fail to demonstrate formal physical examination findings consistent with radicular pattern at the requested levels of procedure. This is taking into account the fact that this injection was performed at this same level in August of 2013 without documentation of benefit. California Guidelines in regards to epidural steroid injections clearly indicate that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The lack of the above would fail to necessitate the proposed procedure.

(IV) Intravenous Sedation QTY 1.00: Upheld

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Fluoroscopic Guidance QTY 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: Based on California MTUS Guidelines, the role of epidural steroid injection that would include the use of contrast dye, fluoroscopic guidance, IV sedation, and epidurogram and lumbar myelography would not be indicated. The records in this case fail to demonstrate formal physical examination findings consistent with radicular pattern at the requested levels of procedure. This is taking into account the fact that this injection was performed at this same level in August of 2013 without documentation of benefit. California Guidelines in regards to epidural steroid injections clearly indicate that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The lack of the above would fail to necessitate the proposed procedure.

Contrast Dye QTY 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: Based on California MTUS Guidelines, the role of epidural steroid injection that would include the use of contrast dye, fluoroscopic guidance, IV sedation, and epidurogram and lumbar myelography would not be indicated. The records in this case fail to demonstrate formal physical examination findings consistent with radicular pattern at the requested levels of procedure. This is taking into account the fact that this injection was performed at this same level in August of 2013 without documentation of benefit. California Guidelines in regards to epidural steroid injections clearly indicate that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The lack of the above would fail to necessitate the proposed procedure.

Fentanyl 50 meg/hr patch #10 QTY 10.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria For Use Page(s): 76-80.

Decision rationale: Based on California MTUS Guidelines, continued role of fentanyl, a long acting narcotic analgesic, would appear warranted. The claimant was with diagnosis of postlaminectomy syndrome and continues to be symptomatic. The clinical records indicate that medications have been beneficial in improving her overall day to day function with no indication of current misuse. The continued role of this long acting narcotic analgesic would appear to be medically necessary.

Pantoprazole-protonix 20mg #60 QTY 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Based on California MTUS Chronic Pain Guidelines, Protonix would n.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, (GI) Gastrointestinal symptoms & cardiovascular risk. .

Decision rationale: Based on California MTUS Chronic Pain Guidelines, Protonix would not be indicated. Protonix is a GI medication, i.e. a proton pump inhibitor, and is only indicated if there are indications of continued nonsteroidal use and claimant meets risk factors for gastrointestinal events which would include Guideline criteria of an age greater than 65 years, history of peptic ulcer disease, GI bleeding or perforation, concordant use of aspirin,

corticosteroid and/or anticoagulants, or high dose and multiple nonsteroidal use. Records in this case fail to demonstrate any specific risk factor putting this claimant at a gastrointestinal risk. The continued role of this agent thus would not be indicated.

Ketamine 5% cream 60 gr #1 QTY 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Based on California MTUS Guidelines in regards to topical compounding creams, the role of Ketamine is "under study" and is only recommended for treatment of neuropathic pain in cases refractory to all other primary and secondary treatments. The records in this case indicate the claimant is still utilizing primary forms of modality for her low back related complaints. In absence of physical examination findings, the acute need of this non-recommended medication that is still "under study" would not be indicated.

Naproxen Sodium-anaprox 550mg #90 QTY 90.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the continued role of Naprosyn would not be indicated. In regards to low back pain in the chronic setting, Guideline criteria only recommends the role of antiinflammatory agents as second line treatment after acetaminophen. In the chronic setting, nonsteroidals are only recommended for short term use of symptomatic relief with literature not supporting their continuous or chronic use without documentation of significant musculoskeletal flare. The continued role of this agent thus would not be indicated given the claimant's current chronic conditions.

Topiramate-topomax 25mg #60 QTY 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 21.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the continued role of Topamax would not be indicated. Topamax is only indicated for neuropathic pain when other anticonvulsives have failed. The records in this case have failed to

demonstrate the use of any other form of anticonvulsant in treating the claimant's documented neuropathic pain. The continued role of this agent at this stage in the claimant's chronic course of care would not be indicated.

Cyclobenzaprine-flexeril 7.5mg #90 QTY 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the continued role of Cyclobenzaprine would not be indicated. Cyclobenzaprine is only recommended as an option for a short course of therapy. It states that its use is more effective than placebo; however, its effect is greatest in the first couple of weeks of use. Guideline criteria specifically indicate that "treatment should be brief" and then its use in the chronic setting, given its high adverse effect profile, would not be indicated. The continued use of this agent, thus, in this chronic setting would not be supported.

Hydrocodone bit/apap 10/325 mg #120 QTY 120.00: 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 Opioids-Criteria For Use Page(s): 76-80.

Decision rationale: The continued role of Hydrocodone would not be supported. While this claimant is noted to be with chronic complaints of pain, there appears to be no indication of significant benefit or advancement of care with current regimen of medications. While it is noted that the claimant is utilizing several agents, the role of long acting narcotic analgesics would be preferred which has already been approved in this case in the form of Fentanyl. The continued role of this short acting narcotic analgesic at this chronic stage in the claimant's clinical course of care without documentation of symptomatic flare, formal physical examination findings or advancement of activity related functions would not be indicated.