

Case Number:	CM13-0018543		
Date Assigned:	12/11/2013	Date of Injury:	04/17/2009
Decision Date:	02/28/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/29/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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:

This is a female patient with a date of injury of 4/17/09. A utilization review determination dated 7/29/13 recommends certification of bilateral transforaminal epidural steroid injections L4-5, L5-S1 x one sessions, follow-up x 1, diclofenac x 4 more weeks, tramadol x 4 more weeks, and gabapentin x 4 more weeks. This report noted that a 6/18/13 report documented lumbar ESI on 6/4/13 with 60% pain relief and a 6/27/13 report documented 6/10 pain. For that reason, repeat ESI was recommended, and the additional medication was recommended "with the hope that the repeat LESI will further decrease pain and allow decrease in medication use." A progress report dated 5/30/13 identifies 4-8/10 low back pain radiating into the left leg. An operative report dated 6/4/13 identifies that a bilateral L4-5 and L5-S1 TESI was performed. A progress report dated 6/18/13 identifies 60% pain relief from the 6/4/13 TESI, but the pain level is still documented at 4-8/10 radiating into the left leg. Objective examination findings identify limited lumbar ROM with facet tenderness. SLR is negative bilaterally. Motor testing is 5-/5 in BLE "particularly with bilateral feet dorsiflexion and inversion." Sensory perception is noted to be intact but "with some persistent paresthesias in bilateral L4 and L5 dermatomes." Treatment plan recommends another set of bilateral L4-5 and L5-S1 TESI. A progress report dated 6/27/13 identifies subjective complaints including 6/10 pain radiating into the left leg. Objective examination findings identify limited lumbar ROM with facet tenderness. SLR is negative bilaterally. Motor testing is 5-/5 in BLE "particularly with bilateral feet dorsiflexion and inversion." Sensory perception is noted to be intact but "with some persistent paresthesias in bilateral L4 and L5 dermatomes." Diagnoses include degeneration of lumbar or lumbosacral intervertebral disc; thoracic or lumbosacral neuritis or radiculitis, unspecified; sciatica; lumbosacral spondylosis without myelopathy; lumbago. Treatment plan recommends diclofenac, tramadol, gabapentin, and follow-up in 4 weeks for medication management and refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral transforaminal epidural steroid injection for L4-5, L5-S1: Upheld

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

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

Decision rationale: Regarding the request for bilateral transforaminal epidural steroid injection for L4-5, L5-S1, it should be noted that this request was certified by utilization review on 7/29/13. California MTUS cites that there should be pain in dermatomal distribution with corroborative findings of radiculopathy and 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. Within the documentation available for review, there is documentation of 60% pain relief after the TESI, but the pain levels on progress notes before and after the procedure are exactly the same and not consistent with any significant pain relief. Additionally, there is no documentation of functional improvement or reduction of medication use. Furthermore, there are no objective findings of radiculopathy as SLR is negative bilaterally and motor testing is noted to be only very slightly reduced (5-/5) bilaterally and in what would correspond to multiple dermatomes. In light of the above issues, the currently requested lateral transforaminal epidural steroid injection for L4-5, L5-S1 is not medically necessary.

Follow-up: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Office visits.

Decision rationale: Regarding the request for follow-up, it should be noted that this request was certified by utilization review on 7/29/13. California MTUS does not address the issue of follow-up visits. ODG notes that evaluation and management outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. Within the documentation available for review, there is documentation that the patient is being managed for chronic pain with interventional procedures and medication. In light of the above issues, the currently requested follow-up is medically necessary.

Diclofenac: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-69.

Decision rationale: Regarding the request for diclofenac, it should be noted that this request was certified by utilization review on 7/29/13. California MTUS supports the use of NSAID in the management of pain, although long-term use is discouraged. Within the documentation available for review, there is no indication that diclofenac is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested diclofenac is not medically necessary.

Tramadol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79.

Decision rationale: Regarding the request for tramadol, it should be noted that this request was certified by utilization review on 7/29/13. California Pain Medical Treatment Guidelines state that tramadol is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the tramadol is improving the patient's function or pain, no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested tramadol is not medically necessary.

Gabapentin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

Decision rationale: Regarding the request for gabapentin, it should be noted that this request was certified by utilization review on 7/29/13. California MTUS states that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines note that after initiation of treatment, there should be documentation of pain relief and

improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of VAS), and no documentation of specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication. In the absence of such documentation, the currently requested gabapentin is not medically necessary.