

Case Number:	CM13-0025366		
Date Assigned:	12/20/2013	Date of Injury:	09/16/2003
Decision Date:	01/23/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/17/2013

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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:

Patient is a 54 year -old male, who is has chronic neck pain with bilateral upper extremity radiation and low back pain with bilateral lower extremity radiation. Per 8/7/12 PTP report patient with a date of birth [REDACTED] had work injury on 9/6/09. The diagnosis was: 1. cervical spine degenerative disc disease. 2. Neck pain with MRI scan evidence (7/31/06) of 4 mm disc protrusion at C4-5, a 3 mm disc protrusion at C5-6 and a 2 mm disc protrusion at C2-3 (per [REDACTED] AME report 10/18/10) 3. Status post right shoulder arthroscopic surgery, 8/26/05. 4. Bilateral upper extremity peripheral neuropathy by report. 5. 4 mm disc bulge at LS-S1; 2 mm disc bulge at L4-S, with disc desiccation, per MRI of 9-1-10. 6. Bilateral LS radiculopathy, per EMG/NCV 10/28/11. 7. Psychological complaints. 8. Gastritis. Per INITIAL PAIN MANAGEMENT EVALUATION 8/27/12: Patient state he sustained an injury at work as he was loading wood and the building fell on him having much pain in lower back. MEDICAL HISTORY: Past medical history is remarkable for psychiatric - depression and anxiety, The patient denies a history of heart disease, liver disease, lung disease, kidney disease, neurological disorders, hematological disorders, gastrointestinal conditions, diabetes, hypertension, asthma, cancer, or obesity. On 8/27/12 a diagnostic transforaminal epidural steroid injection using fluoroscopy at the L4-S 1 level was requested. It was documented that the patient is in the diagnostic phase of receiving epidural steroid injections, the patient is being prescribed Hydrocodone 5 mg q.8h. p.r.n. for 30 days #90, Omeprazole q.d. for 30 days #30, Ultram 150 mg q.d. for 30 days #30, and Trazodone 50 mg q.h.s. p.r.n. for 30 days #30 for the above-mentioned diagnosis. DATE OF PROCEDURE: September 7. 2012 PREOPERATIVE DIAGNOSIS: Lumbar radiculopathy. POSTOPERATIVE DIAGNOSIS: Lumbar radiculopathy. NAME OF

SURGERY: I. Left L4-5. "Right L4-5 and bilateral L5-S1 transforaminal cannulation lumbar epidural space.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal Epidural steroid injection- L5-S1: Upheld

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

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

Decision rationale: Caudal Epidural steroid injection- L5-S1 is not medically necessary per MTUS guidelines. Per documentation patient reports no overall improvement since receiving a prior epidural steroid injection at L4-S1. Patient has had no significant response in pain, functional improvement or significant reduction in medications to require an additional epidural steroid injection. The 8/12/13 note documents "The patient is a status post transforaminal epidural steroid injection at bilateral L4-S 1 level on September 2012. Post procedure the patient reports no (50-80%) overall improvement." Additionally, there is documentation that the patient is a status post transforaminal epidural steroid injection at L4-S1 level on April 07, 2013. Post procedure the patient reports no (< 5%) overall improvement." Additionally, per 8/12/13 Pain Medicine Evaluation on September 24, 2012, patient states the injection did not help but actually increased his pain for four weeks. Chronic Pain Medical Treatment Guidelines 8 C.C.R. §§9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 46 of 127 Epidural steroid injections (ESIs) Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). See specific criteria for use below. Most current guidelines recommend no more than 2 ESI injections. This is in contradiction to previous generally cited recommendations for a "series of three" ESIs. These early recommendations were primarily based on anecdotal evidence. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. (Armon, 2007) See also Epidural steroid injections, "series of three." Criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 1) Radiculopathy must be

documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially un

Prilosec DR 20 mg, #60: 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 Page(s): 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Prilosec

Decision rationale: Per MTUS guidelines Prilosec DR 20mg is not medically necessary. There is no history that patient meets MTUS criteria for a proton pump inhibitor including : (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). California Medical Treatment Utilization Schedule Chronic Pain Guidelines do not support treatment Proton Pump Inhibitor medication in the absence of symptoms or risk factors for gastrointestinal disorders. Patient has a history of gastritis but does not meet the MTUS guidelines for a proton pump inhibitor. He has no documentation of a peptic ulcer, GI bleed or perforation. Furthermore, he is not on concurrent use of ASA, corticosteroids and/or anticoagulation or multiple NSAIDs. Additionally, per ODG guideline: In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Studies suggest, however, that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all. Additionally, per 03/11/13 - Pain Medicine Re-Evaluation, patient felt the Prilosec was not helping him.

Naproxen 550 mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

Decision rationale: Naproxen 550 #30 is not medically necessary per MTUS guidelines. MTUS states that for chronic low back pain: NSAIDS are recommended as an option for short-term symptomatic relief. Additionally for Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long term neuropathic pain but they may be useful to treat breakthrough and mixed pain conditions. Documentation submitted suggests that patient has been taking Naproxen on a long term basis with no significant change in function or improvement in pain therefore this medication is not medically necessary.

Ultram 50 mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 82, 84.

Decision rationale: Per the Chronic Pain MTUS Guidelines regarding Tramadol: There are no long term studies to allow for recommendations for longer than three months (Cepeda, 2006). Per documentation submitted patient has been on Tramadol well over 3 months.