

Case Number:	CM13-0029254		
Date Assigned:	12/11/2013	Date of Injury:	04/11/2005
Decision Date:	04/23/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/26/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/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 patient is a 55-year-old female who reported an injury on 04/11/2005. The mechanism of injury involved heavy lifting. The patient is currently diagnosed with myofascial pain syndrome, lumbar sprain, and lumbar radiculopathy. The patient was seen by [REDACTED] on 08/28/2013. The patient reported a flare-up of lower back pain and radicular symptoms. The patient also reported intermittent numbness and tingling with weakness to bilateral lower extremities. Current medications include Naprosyn, Omeprazole, nortriptyline, Neurontin, and Lunesta. Physical examination on that date revealed decreased range of motion, tenderness to palpation, spasm and trigger points, decreased sensation, and decreased strength. Treatment recommendations at that time included an epidural steroid injection, prescriptions for naproxen 550 mg, nortriptyline 30 mg, Lunesta 2 mg, chiropractic treatment twice per week for 4 weeks, and a urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

A RIGHT EPIDURAL STEROID INJECTION AT L4, L5, AND 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 Epidural Steroid Injection Page(s): 46.

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehabilitative efforts. As per the documentation submitted, the patient does demonstrate decreased sensation, decreased strength, and diminished range of motion. However, there were no imaging studies or electrodiagnostic reports submitted for review to corroborate a diagnosis of radiculopathy. There is no documentation of unresponsiveness to recent conservative treatment. It is also noted that the patient has been previously treated with epidural steroid injections in 2007. Documentation of at least 50% pain relief with an associated reduction of medication use following the initial series of injections was not provided. Based on the clinical information received, the request is non-certified.

NAPROXEN 550MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line treatment after acetaminophen. There is no evidence of long term effectiveness for pain or function. As per the documentation submitted, the patient has been previously treated with Naprosyn. However, there was no evidence of objective functional improvement as a result of the ongoing use of this medication. There was also no quantity listed in the current request. Based on the clinical information received, the request is non-certified.

OMEPRAZOLE 20MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs & GI symptoms Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a non-selective NSAID. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the patient does not meet criteria for the requested medication. There was also no quantity stated in the current request. Based on the clinical information received, the request is non-certified.

NEURONTIN 600MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-18.

Decision rationale: California MTUS Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia. As per the documentation submitted, the patient was previously treated with Neurontin. However, there was no documentation of objective functional improvement as a result of the ongoing use of this medication. There was also no quantity listed in the current request. Based on the clinical information received, the request is non-certified.

NOTRIPTYLINE 30MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16.

Decision rationale: California MTUS Guidelines state antidepressants are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. As per the documentation submitted, the patient was previously treated with nortriptyline. There was no documentation of an objective functional improvement as a result of the ongoing use of this medication. There was also no quantity listed in the current request. Based on the clinical information received, the request is non-certified.

LUNESTA 2MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Chronic Pain Chapter, Insomnia Treatment

Decision rationale: Official Disability Guidelines state insomnia treatment is recommended based on etiology. Lunesta has demonstrated reduced sleep latency and sleep maintenance. As per the documentation submitted, the patient was previously treated with Lunesta in the past. There is no documentation of chronic insomnia or sleep disturbance. There is also no evidence of unresponsiveness to non-pharmacologic treatment. There was also no quantity listed in the current request. Based on the clinical information received, the request is non-certified.

CHIROPRACTIC MANIPULATION (8 SESSIONS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

Decision rationale: California MTUS Guidelines state manual therapy and manipulation is recommended as a therapeutic trial of 6 visits over 2 weeks. The current request for 8 sessions of chiropractic manipulation exceeds guideline recommendations. Therefore, the request is non-certified.