

Case Number:	CM13-0044828		
Date Assigned:	12/27/2013	Date of Injury:	02/09/2006
Decision Date:	03/17/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/29/2013

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 Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California, Maryland, Florida and District of Columbia. 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 patient is a 42 year-old male Injured on 02/09/2006. He developed back pain in the course of his job duties. Lumbar spine surgery January 9, 2009 failed to alleviate symptoms with no reduction in pain level noted. There was sacroiliitis which was relieved by SI joint injection. He continues to complain of bilateral lower back pain radiating to the left thigh. The diagnoses include degenerative changes of the lumbar spine, chronic back pain with lower extremity radiculopathy and status post interbody fusion at L5-S1. The most recent progress report, dated 08/22/2013 by [REDACTED], indicated the patient suffered from chronic low back pain with an onset of four months. The pain is day and night, occurs constantly and is stable. The location of pain is the bilateral lower back and radiates to the left thigh. The pain is hurting, deep and stabbing. There has been no change in the pain since the last visit. Medications only ease the pain. The patient has failed all prior conservative care. During the last appointment the patient was treated for sacroiliac joint pain and stated the sacroiliac joint injection on 12/21/2012 was helpful. The current pain level was rated as 10/10. The average pain level was 6/10 with medications and 10/10 without medications. The patient suffers from chronic muscle weakness. The physical exam revealed a non-antalgic gait. There was tenderness over the bilateral sacroiliac joint, spasm was absent lumbar motion was painful on extension and lateral bending. The tests included sacral compression, distraction and AP thrust tests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-5 selective nerve root block under anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Intravenous Regional Sympathetic Blocks Section Page(s): 55-56. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Pain (Chronic) CRPS, sympathetic blocks (therapeutic).

Decision rationale: After reviewing the evidence based guidelines and medical records, the request for left L4-5 selective nerve root block under anesthesia does not appear appropriate. Evidence based guidelines do not recommend the use of invasive techniques due to the lack of supporting evidence. The California MTUS states " Although there is very limited scientific evidence to support this treatment, it is recommended as an option in certain cases when there are no other alternatives. When the procedure is performed, it must be done in conjunction with a rehabilitation program. The patient's medical records indicated the patient suffers from chronic low back pain with failure to respond to conservative treatment. Due to the fact the patient is not in a transitional phase of pain, nerve block does not appear appropriate. Also there is no evidence that the patient is enrolled in any form of rehabilitation program as stipulated by the guidelines. .Based on the aforementioned discussion, the prospective request for one left L4-5 selective nerve root block, under anesthesia is not medically necessary

Lyrica 150mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AEDs Page(s): 16, 19. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC-Pain(Chronic) Anti-epilepsy drugs (AEDs)

Decision rationale: With respect to Pregabalin (Lyrica®), records provided show that this patient has been using this medication but there has not been any significant functional improvements reported with the extended use. The guidelines stipulates 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. The guideline supports the use of Lyrica only if there is evidence of functional improvements being made. One recommendation for an adequate trial with anti-epileptic drugs is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. The patient should be asked at each visit as to whether there has been a change in pain or function. The current consensus based treatment algorithms for diabetic neuropathy suggest that if inadequate control of pain is found, a switch to another first-line drug is recommended. It does not appear as if this guideline was followed. Therefore the continuous request for Lyrica is not medically necessary.

Vicodin 5/500mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 26, 76, 77 , 82.

Decision rationale: With respect to the request for Vicodin 5/500, this is not supported by the guidelines. The medical report states that the pain medications only caused little relief of pain. Significant pain relief and functional improvement as a result of the intake of Vicodin was not specified to justify the continuation of this medication. The guideline does not recommend opioid as a first-line treatment for chronic non-malignant pain, and not recommended in patients at high risk for misuse, diversion, or substance abuse. The ODG states "Recommended as a 2nd or 3rd line treatment option at doses $\hat{\approx}$ 120 mg daily oral morphine equivalent dose (MED)". Given that the patient has not had any long-term functional improvement gains from taking opioids over the past several months, it is warranted for the patient to begin weaning from Opioids. The guidelines stated that Opioids should be discontinued if there is no overall improvement in function, and they should be continued if the patient has returned to work or has improved functioning and pain. If tapering is indicated, a gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms and Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Therefore the request for Vicodin 5/500mg is not medically necessary.

Zanaflex 4mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Section Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Pain

Decision rationale: With respect to Zanaflex (a non-sedating muscle relaxant), the guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term (less than two weeks) treatment of acute LBP and for short-term treatment of acute exacerbations in patients with chronic LBP. There is no indication that the first line recommended medication has failed in controlling the patient pain symptoms. Besides being unlabelled for low back pain treatment, there is no documentation of this patient's renal or hepatic function test result in the record reviewed prior to prescription of this medication. This medication is related to Clonidine and should not be discontinued abruptly. Weaning should occur gradually, particularly in patients that have had prolonged use. Therefore the request for Zanaflex 4mg is not medically necessary.