

Case Number:	CM13-0048453		
Date Assigned:	01/22/2014	Date of Injury:	07/10/2004
Decision Date:	04/25/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/05/2013

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 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 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:

This is a male patient with the date of injury of July 10, 2004. A utilization review determination dated October 28, 2013 recommends non-certification of 1 left L5-S1 ESI; 1 medical clearance: history and physical, EKG and labs; modification of unknown prescription of Ultram ER; non-certification of unknown prescription of Cyclobenzaprine; modification of unknown prescription of Neurontin; and modification of unknown prescription of Lidoderm patch. The previous reviewing physician recommended non-certification of 1 left L5-S1 ESI due to lack of documentation of how much pain relief, how long it lasted, or reduction in medication use after previous ESI; non-certification of 1 medical clearance: history and physical, EKG and labs due to non-certification for an epidural steroid injection; modification of unknown prescription of Ultram ER due to lack of documentation of any significant reduction in pain or an increase in function as a result and weaning should begin; non-certification of unknown prescription of Cyclobenzaprine due to no indication that the patient was suffering an acute exacerbation on 10/14/13 and no evidence they produced any significant benefit; modification of unknown prescription of Neurontin due to a prescription of Neurontin being indicated but only for the purpose of weaning the patient off the medication; and modification of unknown prescription of Lidoderm patch due to neurologic symptoms and failure of a long course of Neurontin. An Established/Follow-up Report dated October 14, 2013 identifies left leg symptoms. Physical Exam identifies decreased ROM to flex/ext. of L-spine. Positive SLR on left at 15 degrees. Decreased sensation to touch and pin in left L5 and S1 distributions. Gait is antalgic. Assessment identifies other chronic pain, degenerative lumbar/lumbosacral intervertebral disc, lumbago, sciatica, and thoracic/lumbosacral neuritis/radiculitis unspecified. Plan identifies refill Neurontin, Lidoderm patch. New Ultram ER, Cyclobenzaprine. Left L5-S1 ESI (needs medical clearance due to poorly controlled diabetes and hypertension). Discussion identifies he had lumbar ESI

10/12 at L5-S1 on the left with dramatic (greater than 80%) improvement in back and radiating leg pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

One left L5-S1 epidural steroid injection (ESI): Upheld

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

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

Decision rationale: Regarding the request for one left L5-S1 epidural steroid injection (ESI), Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Regarding repeat epidural injections, guidelines state that 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, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, the previous ESI is noted to have provided greater than 80% improvement. However, there is no indication of continued objective documented pain and functional improvement and reduction of medication use for six to eight weeks after the previous injection. In the absence of such documentation, the currently requested one left L5-S1 epidural steroid injection (ESI) is not medically necessary.

Medical clearance: history and physical, EKG and labs: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Ultram ER: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48.

Decision rationale: Regarding the request for Ultram ER, California MTUS cites that opioids should be used only if needed for severe pain and only for a short time. Within the documentation made available for review, there is no indication that the patient is suffering from severe pain. The intended duration of treatment with Ultram ER is unknown. In light of the above, the currently requested Ultram ER is not medically necessary.

Cyclobenzaprine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Regarding the request for Cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of an acute exacerbation of pain. Additionally, it is not clear if this medication is being prescribed for short-term treatment, as recommended by guidelines. In the absence of such documentation, the currently requested Cyclobenzaprine is not medically necessary.

Neurontin: Upheld

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

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

Decision rationale: Regarding request for Neurontin, Chronic Pain Medical Treatment Guidelines state that anti-epilepsy 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 go on to state 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 NRS), and no documentation of specific objective functional improvement. In the absence of such documentation, the currently requested Neurontin is not medically necessary.

Lidoderm Patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: Regarding request for Lidoderm patch, guidelines the state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Within the documentation available for review, there is no evidence of failure of first-line therapy as recommended by guidelines prior to the initiation of topical lidocaine given that Neurontin is still being prescribed. Additionally, there is no documentation of objective functional improvement and analgesic benefit from the use of this medication. In the absence such documentation, the currently requested Lidoderm patch is not medically necessary.