

Case Number:	CM13-0068866		
Date Assigned:	01/03/2014	Date of Injury:	07/26/2007
Decision Date:	06/02/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/20/2013

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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 56-year-old male who reported an injury on 07/26/2007. The mechanism of injury was not stated. Current diagnoses include degenerative disc disease of the lumbar spine with radiculopathy, disc protrusion/extrusion at L4-S1, and bony prominence of the right foot. Current medications include Norco 5/325 mg, Gabapentin 600 mg, and Medrox patches. The injured worker was evaluated on 09/30/2013. The injured worker reported persistent lower back pain with radiation to the bilateral lower extremities. The injured worker has previously participated in 7 sessions of acupuncture, 12 sessions of chiropractic therapy, and 24 sessions of physical therapy. Physical examination revealed decreased and painful range of motion of the lumbar spine, decreased sensation in the L5 and S1 dermatomes on the right, and diminished Final strength on the right. Treatment recommendations at that time included a transforaminal epidural steroid injection at L4, L5, and S1, as well as continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF HYDROCODONE/APAP 5/325MG, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The Expert Reviewer's decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized Norco 5/325 mg since 03/2013. Despite ongoing use of this medication, the injured worker continues to report persistent pain with radiation to the bilateral lower extremities. There is no evidence of objective functional improvement. There is also no frequency listed in the current request. As such, the request for Hydrocodone/APAP 5/325mg, #90 is not medically necessary.

PRESCRIPTION OF GABAPENTIN 600MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDS)..

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

Decision rationale: The Expert Reviewer's decision rationale: California MTUS Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. The injured worker has utilized Gabapentin since 03/2013. Despite ongoing use, the injured worker continues to report persistent lower back pain with radiation to the bilateral lower extremities. There is no evidence of objective functional improvement. There is also no frequency listed in the current request. As such, the request for Gabapentin 600mg, #30 is not medically necessary.

**PRESCRIPTION OF TEROGIN PAIN PATCH BOX (10 PATCHES PER BOX) #2:
Upheld**

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no evidence of a failure to respond to first-line oral medication prior to the initiation of a topical analgesic. There is also no frequency listed in the current request. As such, the request for Terogin Pain Patch Box (10 Patches Per Box) #2 is not medically necessary.

PRESCRIPTION OF TRANSFORAMINAL EPIDURAL INJECTION AT THE RIGHT L4, L5, AND 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 Page(s): 46.

Decision rationale: The Expert Reviewer's 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 rehab efforts. As per the documentation submitted, the injured worker has been previously treated with an epidural steroid injection in 2012. There was no evidence of at least 50% pain relief with an associated reduction of medication use for 6 to 8 weeks following the initial injection. There were also no imaging studies or electrodiagnostic reports submitted for review to corroborate a diagnosis of radiculopathy. Based on the clinical information received, the request for Transforaminal Epidural Injection At The Right L4, L5, And S1 is not medically necessary.