

Case Number:	CM13-0072752		
Date Assigned:	05/07/2014	Date of Injury:	04/17/2006
Decision Date:	09/09/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/31/2013

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 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:

The injured worker is a 60-year-old male who reported injury on 04/17/2006, reportedly sustained orthopedic injuries in the course of performing his usual and customary duties. He alleged the development of significant cognitive impairment as well as psychological symptoms and long term functional impairment from both a cognitive and functional perspective. The injured worker's treatment history included physical therapy, epidural steroid injections, MRI, psychological treatment, psychological evaluation and medications. In the documentation provided, it was noted the injured worker had received his first epidural steroid injection of the low back in the summer of 2012, and another 1 approximately 6 months later. On 03/26/2013, the injured worker had received a caudal epidural steroid injection. The injured worker was evaluated on 03/27/2013 and it was documented that the injured worker returned for follow-up after he had a lumbar epidural steroid injection. The provider noted that the injured worker stated that there has been no significant change in his usual symptoms. He had difficulty sleeping. The injured worker continued on therapeutic medications including Norco and OxyContin which overall reduced the degree of pain without significant medication side effects. Physical examination of the lumbar spine revealed pain noted over the lumbar intervertebral spaces, discs on palpation. There are no palpable trigger points in the muscles of the lumbar spine; more so across the right lower paraspinals muscles of the lumbosacral spine. Anterior lumbar flexion caused pain. There was pain noted with lumbar extension. The injured worker was evaluated on 11/04/2013 and it was documented that the injured worker complained of low back pain. The injured worker continued to experience some stress and low back pain. It was noted that the injured worker stated the medicine provided significant partial relief. The medicines do allow him to perform the essential activities of daily living. He denied any distressing side effects from medications. The injured worker was requesting for epidural steroid

injection to be repeated. The injured worker stated that the epidural steroid injections provided greater than 50% relief for 6 months at a time. The provider noted that he would be a good candidate for a repeat epidural steroid injection as these provide significant long lasting relief constantly in the past. The provider noted the injured worker was approved for repeat MRI of the lumbosacral spine; however, he was not able to complete the study before leaving the area. The injured worker was evaluated on 04/21/2014 and it was documented the injured worker complained of back and neck pain. The provider noted the injured worker had a long history of chronic back and neck pain. He continued to have significant symptomatic and functional improvement with his regimen with opiate and no opiate analgesics. Pain was worse with cold weather and with activity. He sometimes ambulates on his own, sometimes uses a wheelchair. On physical examination, the injured worker had a stooped posture and a markedly antalgic gait. He had difficulty moving on and off of the examination table. Leg raises are positive bilaterally but markedly sore on the left. There was bilateral lumbosacral paraspinal tenderness. Complaint is of pain with extension of low back. Medications included OxyContin 20 mg, Lidoderm 5% patch, Neurontin 300 mg, Norco 10/325 mg, Prilosec 20 mg, Soma 350 mg. Diagnoses included lumbar radiculopathy. The Request for Authorization dated 11/05/2013 was for caudal epidural injection under fluoroscopy and anesthesia, and the rationale was for pain relief for the injured worker's lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEURONTIN 300MG, #90 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

Decision rationale: Per California Medical Treatment Utilization Schedule (MTUS) Guidelines state that Gabapentin is an anti-epilepsy drug AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Diagnosis included lumbar radiculopathy. The documentation submitted failed to indicate long-term functional goals for the injured worker. In addition, the request did not include frequency of the medication. Given the above, the request for Neurontin 300 mg #90, with 3 refills is not medically necessary.

NORCO 10/325MG, #150 WITH 2 REFILLS: 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 Opioids, criteria for use Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Schedule guidelines state that criteria for use for ongoing management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief. The provider failed to submit urine drug screen indicating opioids compliance for the injured worker. There was no outcome measurements indicated for the injured worker such as physical therapy or home exercise regimen for the injured worker. There was lack of documentation of long-term functional improvement for the injured worker. In addition, the request does not include the frequency or duration of medication. Given the above, the request for Norco 10/325 mg # 150 with 2 refills is not medically necessary.

OXYCONTIN 20MG, #60 WITH 2 REFILLS: 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 Opioids Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief. The provider failed to submit urine drug screen indicating opioids compliance for the injured worker. There was no outcome measurements of conservative measures indicated for the injured worker such as physical therapy or home exercise regimen for the injured worker. There was lack of documentation of long-term functional improvement for the injured worker. In addition, the request does not include the frequency or duration of medication. Given the above, the request for OxyContin 20mg, #60 with 2 refills is not medically necessary.

SOMA 350MG, #60 WITH 2 REFILLS: Upheld

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

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

Decision rationale: The California (MTUS) Chronic Pain Medical Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Furthermore, there was lack of documentation on the injured worker using the VAS scale to measure functional improvement after the injured worker takes the medication. The request lacked frequency and duration of medication. In

addition, the guidelines do not recommend Soma to be used for long-term use. Given the above, the request for Soma 350 mg #60 with 2 refills is not medically necessary.

REPEAT CAUDAL EPIDURAL INJECTION UNDER FLUOROSCOPY AND ANESTHESIA X1: Upheld

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

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

Decision rationale: The California Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatome distribution with corroborative findings of radiculopathy). 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. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Additionally, failure to respond to conservative treatment is also a criterion for ESIs. The injured worker had received numerous lumbar spine epidural injections on however, with 50% improvement and pain returns to baseline pain. There was lack of documentation longevity of functional improvement. There was lack of documentation of home exercise regimen, and pain medication management and prior physical therapy outcome measurements for the injured worker. Given the above, the request for repeat caudal Epidural Injection under fluoroscopy and anesthesia X1 is not medically necessary.

REPEAT MRI OF THE LUMBOSACRAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Low Back Chapter, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The ACOEM guidelines recommend imaging studies when physiologic evidence identifies specific nerve compromise on the neurologic examination. The rationale for the request was to re-evaluate and rule out a lumbar disc syndrome. There was no report of re-injury noted. Furthermore, the injured worker's physical examination findings are consistent with no change his current diagnosis. There is a lack of objective findings identifying specific nerve compromise to warrant the use of imaging. There is a lack of documentation to verify the failure of conservative measures. The provider noted the injured worker was authorized for a repeat MRI before visiting with a spine surgeon however, the previous MRI findings were not submitted for this review or evidence of prior approved authorization for MRI. There is also no

indication of red flag diagnoses or the intent to undergo surgery. Given the above, the request for Magnetic Resonance Imaging of Lumbar spine is not medically necessary.

LIDODERM 5% (700MG/PATCH), #30 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56 and 57.

Decision rationale: The California MTUS Guidelines indicate that topical Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial and failure of first line therapy. This is not a first line treatment and is only FDA approved for post herpetic neuralgia. It is only recommended in the form of the Lidoderm patch. The clinical documentation submitted for review failed to indicate the outcome measurements of home exercise regimen and long-term functional goals for the injured worker. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the location where patch is needed on injured worker. Given the above, the request for Lidoderm 5%, 700mg/patch, #30 with 2 refills is not medically necessary.

PRILOSEC 20MG, #30 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 68-69.

Decision rationale: Prilosec is recommended for patients taking NSAIDs who are at risk of gastrointestinal events. The documentation did not indicate that the injured worker having gastrointestinal events however, the provider failed to indicate the frequency of medication on the request that was submitted. Their lack of documentation of conservative care measures such as, home exercise regimen however, the provider failed to indicate long-term functional goals, medication pain management outcome measurements for the injured worker. Given the above, the request for Prilosec 20 mg # 30 with 2 refills is not medically necessary.