

Case Number:	CM14-0006024		
Date Assigned:	03/03/2014	Date of Injury:	04/24/2008
Decision Date:	06/30/2014	UR Denial Date:	12/25/2013
Priority:	Standard	Application Received:	01/15/2014

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 Interventional Spine 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 patient is a 49-year-old male with date of injury of 04/24/2008. The listed diagnoses per [REDACTED] dated 12/10/2013 are: low back pain; bilateral chronic L5 and S1 radiculitis; lumbar disk disease; right knee pain; medial meniscus tear, right knee, status post medial meniscectomy, synovectomy, and patellar chondroplasty in september 2008; depressive disorder, not elsewhere classified; and chronic pain syndrome. According to the progress report, the patient continues to complain of low back pain with pain radiating down to both legs. The radiating pain is worse on the right. The patient states that he has had significant pain relief with previous lumbar epidural steroid injection with greater than 60% pain relief for about 2 to 3 months from 07/29/2013. He reports that he is getting enough pain relief using Relafen and trazodone. He is also seeing [REDACTED] for mental health and is currently taking Pristiq. He feels that this medication is helping significantly with decreased depression and enhanced mood. He describes his low back pain as aching and occasional stabbing pain. The pain is radiating down his right leg and sharp with some numbness. The pain is aggravated by sitting, standing, and walking including bending and lifting. He rates his pain 9/10 to 10/10 without pain medications and 8/10 to 9/10 with pain medications. The examination of the lumbar spine shows the patient has 5-/5 right lower extremity strength and 5/5 left lower extremity strength. Sensation is likely diminished on the right posterolateral aspect. Babinski sign is negative. Sciatic notches are painful to palpation. Sacroiliac joints are tender. Patrick's sign and Gaenslen's maneuver are positive on the right and negative on the left. There is tenderness over the paraspinals with significant muscle tenderness and myofascial restrictions. Straight leg raise is positive on the right and negative on the left but it elicits pain. Medications includes

nabumetone, hydrocodone/acetaminophen, trazodone, and Pristiq. The utilization review denied the request on 12/25/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE LUMBAR EPIDURAL STEROID INJECTION WITH FLUOROSCOPIC GUIDANCE AND CONSCIOUS SEDATION AT L5-S1: 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, 47.

Decision rationale: The MTUS Guidelines, regarding epidural steroid injections states that it is recommended as an option for treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy). In addition, MTUS states 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 6 to 8 weeks with a general recommendation of no more than 4 blocks per region per year. In this case, the MRI report dated 10/10/2011 showed degenerative spondylolisthesis with disk desiccation and a 5-mm disk protrusion at L4-L5; 6-mm central canal and lateral recess stenosis with mild caudal foraminal narrowing noted on the left at L4-L5; no findings are noted at L5-S1 level. The EMG report dated 05/31/2013 shows evidence of bilateral chronic L5 and S1 radiculitis without evidence of lower extremity entrapment neuropathy, peripheral neuropathy, or lumbosacral plexopathy. The patient underwent right and left transforaminal epidural steroid injection on 07/29/2013 at L5-S1 level. Subsequent progress report dated 08/20/2013 notes 50% reduction of pain but no changes in medication use. By 10/1/13, the patient was requiring more medication for pain control and Norco is added. MTUS require not only pain reduction but documentation of pain and medication reduction. Given the lack of documentation regarding function and medication reduction, repeat ESI is not supported by the MTUS. The request for a lumbar epidural steroid injection with fluoroscopic guidance and conscious sedation at L5-S1 is not medically necessary and appropriate.

ONE PRESCRIPTION OF PRISTIQ 50MG #30 WITH TWO REFILLS: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The MTUS Guidelines on antidepressants for chronic pain states, "Recommended as a first-line option for neuropathic pain, and as a possibility for a non-neuropathic pain. Tricyclics are generally considered the first-line agents unless they are ineffective, poorly tolerated or contraindicated... Assessment and treatment efficacy should

include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and a psychological assessment." The report dated 12/10/2013 documents, "He is also seeing [REDACTED] for mental health and taking Pristiq. He feels that this medication is helping significantly with decreased depression and enhanced mood." The review of reports show that the patient has been taking Pristiq since 01/31/2013. In this case, the patient reports significant medication efficacy related to the use of Pristiq. Therefore, the request for one prescription of Pristiq 50mg # 30 with two refills is medically necessary and appropriate.