

Case Number:	CM14-0018920		
Date Assigned:	04/23/2014	Date of Injury:	10/03/2008
Decision Date:	07/03/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/14/2014

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 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 58 year old female who was injured on 10/03/2008. She was assisting a patient lifting a wheelchair, when she felt a pop in her left hand and felt a sharp pain in her lower back. The patient's prior treatment history has included lumbar epidural steroid injection and physical therapy. The patient's medications as of 09/26/2013 include Buprenorphine 2 mg, Gabapentin 300 mg, Amlodipine Besylate 5 mg, Lisinopril 10 mg, metoprolol Succ Er 50 mg, and simvastatin 10 mg. The diagnostic studies reviewed include MRI of the lumbar spine without contrast dated 01/17/2014 demonstrates 1) At L5-S1, there is a 2 mm posterior disc herniation with high intensity zone/annular fissure. 2) At L3-L4 and L4-L5, there is a small 2 mm disc bulges. The neural foramina and central canal are patent throughout the lumbar spine. 3) There are probable uterine fibroids, incompletely seen in the field of view. The pain rehab note dated 01/30/2014 reports the patient continues to complain of ongoing low back pain that radiates down her left lower extremity. She also reports of constant left lower extremity pain. She notes that her pain starts in her knee and goes down to her foot. She notes that the pain is present in the back of her leg. She notes that the Buprenorphine is not helping much with pain. She notes that she is taking 2 tabs of Buprenorphine and Gabapentin daily. Upon further questioning, she notes that she uses Gabapentin for sleep and the current dosages not strong enough. She further states that the Gabapentin is too strong and it makes her feel dizzy and so she only uses it as needed. Her daughter states that she has trialed Gabapentin in the past. Her daughter states that she was using this medication from a relative for over 2 months and she did not have any relief. On exam, her gait is antalgic and she uses a cane. Straight leg raise is positive on the left. On neurologic exam, higher function testing reveals that Ms. Willis is alert and oriented; is not drowsy; is not lethargic; is not confused; and speech is grossly normal. The patient is diagnosed with lumbar disc displacement without myelopathy; disorders of the sacrum;

sciatica and neck pain. The patient is prescribed Buprenorphine 2 mg 1 tablet 3 times a day for pain x1 week, may increase it to 4 times a day if needed for pain after a week; Gabapentin 300 mg take 1 tablet at night x2 weeks and may increase to 2 tabs thereafter if tolerated well.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 LUMBAR MYELOGRAPHY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.triadhealthcareinc.com/providers>.

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

Decision rationale: According to the CA MTUS guidelines, a criterion for an epidural steroid injection is that injections should be performed using fluoroscopy (live x-ray) for guidance. The guidelines do not include a recommendation for epidurogram. According to the referenced medical literature, radiological supervision with epidurography and fluoroscopy may be considered medically necessary when any of the following have been met: The surgeon documents prior to the procedure the necessity of epidurography to identify anatomic or functional abnormalities not identified with other imaging studies such as MRI, CT scan or CT scan following myelography, the patient has continuous epidural infusion via catheter; and initial assessment to determine epidural infusion rate is necessary, or the epidurogram is necessary to diagnose failure of a previously functional catheter infusion. This patient is not a candidate for myelography as a lumbar MRI was already successfully performed and demonstrated findings consistent with subjective/objective findings. The LESI, which was performed on 3/11/14, did not involve continuous epidural infusion. Consequently, an epidurogram is not medically indicated.

1 LUMBAR EPIDUROGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.triadhealthcareinc.com/providers>.

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

Decision rationale: According to the CA MTUS guidelines, a criterion for an epidural steroid injection is that injections should be performed using fluoroscopy (live x-ray) for guidance. The guidelines do not include a recommendation for epidurogram. According to the referenced medical literature, radiological supervision with epidurography and fluoroscopy may be considered medically necessary when any of the following have been met: The surgeon documents prior to the procedure the necessity of epidurography to identify anatomic or

functional abnormalities not identified with other imaging studies such as MRI, CT scan or CT scan following myelography, the patient has continuous epidural infusion via catheter; and initial assessment to determine epidural infusion rate is necessary, or the epidurogram is necessary to diagnose failure of a previously functional catheter infusion. This patient is not a candidate for myelography as a lumbar MRI was already successfully performed and demonstrated findings consistent with subjective/objective findings. The LESI, which was performed on 3/11/14, did not involve continuous epidural infusion. Consequently, an epidurogram is not medically indicated.

IV SEDATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309, Chronic Pain Treatment Guidelines Pain Medical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Epidural Steroid Injections (ESIs).

Decision rationale: As stated, the request for lumbar myelography is not medically indicated. The patient has already undergone the lumbar ESI, a procedure for which IV sedation is also not medically necessary. There is no justification for IV sedation.

BUPRENORPHINE 2MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009), Buprenorphine; Opioids, On-Going Management; Weaning Of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BUPRENORPHINE; OPIOIDS, 26; 74-96.

Decision rationale: According to the CA MTUS, Buprenorphine is recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction; Buprenorphine is a partial agonists-antagonists: agents that stimulate the analgesic portion of opioid receptors while blocking or having little or no effect on toxicity. Partial agonists-antagonists have lower abuse potential than pure agonists; however the side effects of this class of analgesics include hallucinations and dysphoria. There is no indication of opiate addiction or that the patient is undergoing detox from opioid use due to addiction in this case. Furthermore, the medical records clearly detail that opioid analgesics have not been beneficial to this patient. She has stated Buprenorphine is not helpful, even after the dosage had been increased. Chronic use of opioids is not generally recommended. In the absence of any discernible objective functional improvement, continuing Buprenorphine, or any opioid, is not medically indicated.