MAXIMUS Federal Services

Case Number:	CM14-0110131		
Date Assigned:	08/08/2014	Date of Injury:	02/25/2005
Decision Date:	10/14/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/15/2014

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 and is licensed to practice in Illinois.. 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 50-year-old female who reported an injury on 02/25/2005. The mechanism of injury was due to a motor vehicle accident. The injured worker has diagnoses of lumbar radiculopathy, lumbar disc displacement, and low back pain. Past medical treatment consists of physical therapy, lumbar epidural steroid injections, heat/cold packs, and medication therapy. Medications include Neurontin, Lidoderm 5%, Tylenol, Soma, Lunesta, and Anaprox. Magnetic resonance imaging (MRI) of the lumbar spine at L4-5; 1 mm, and at L5-S1; 3mm. Degenerative facet changes bilaterally L4-5, L5-S1. On 06/14/2013, underwent a lumbar epidural steroid injection which gave her 50% to 60% relief and another lumbar epidural steroid injection on 01/10/2014 which also gave the injured worker 50% to 60% relief. On 06/24/2014, the injured worker complained of low back pain. Examination of the lumbar spine revealed paralumbar spasm was 2+ with tenderness to palpation, bilaterally. Atrophy was present in the quadriceps. On forward flexion, the injured worker was able to reach to her knees. Lateral bending to the right was 0 to 10 degrees, and to the left was 20 to 30 degrees with pain. Extension measured 0 to 10 degrees. Right and left resisted rotation was diminished. Straight leg raise was positive at 40 degrees bilaterally. Range of motion of the spine was limited secondary to pain. Lower extremity deep tendon reflexes were absent at the ankles. Sensation to light touch was intact. Motor strength of the lower extremity measured at 5/5 in all groups bilaterally. The treatment plan was for the injured worker to undergo additional lumbar epidural steroid injections at L5-S1 and continue medication therapy. A urine drug screen was submitted on 04/30/2014 which indicated that the injured worker was not in compliance with her prescription medications. The results revealed that the injured worker was inconsistent, positive for morphine. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LESI at L5-S1: Upheld

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

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

Decision rationale: The request for LESI at L5-S1 is not medically necessary. The California MTUS Guidelines recommend ESI as an option for treatment of radicular pain. 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. There is no information on improved function. The criteria for the use of ESI are as follows: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, be initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, no more than one interlaminar level should be injected at one session, in the therapeutic phase, 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. Current research does not support a "series-of-three" injection in either the diagnostic or therapeutic phase. MTUS recommend no more than 2 ESI injections. The submitted documentation was not clear if the 50% pain relief following the previous epidural steroid injection lead to a reduction in pain medication. It was also not indicated in the submitted documentation whether the ESIs lead to functional improvement. Furthermore, it was noted that the injured worker underwent lumbar epidural steroid injections on 06/14/2013 and 01/10/2014, which exceeds the recommended 2 ESI injections per MTUS. Additionally, the request as submitted did not indicate how many lumbar epidural steroid injections the provider was requesting. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

Neurontin 300mg #120 with 1 Refill DOS 06/24/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilpsy Drugs Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Gabapentin (Neurontin) Page(s): 18.

Decision rationale: The requests for Neurontin 300mg #120 with 1 Refill DOS 06/24/2014 is not medically necessary. The California MTUS Guidelines note that relief of pain with use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. The guidelines note that Neurontin has been shown to be effective for

treatment of diabetic pain, painful neuropathy, and postherpetic neuralgia. It is also considered as a first line treatment for neuropathic pain. Physical examination dated 06/24/2014 did not indicate that the injured worker had any weakness or numbness which would indicate neuropathy. Furthermore, there was no indication that the injured worker had a diagnosis that would be congruent with the guideline recommendations. Additionally, the request as submitted did not indicate a frequency of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

Tylenol #4 300mg - 60mg #60 with 1 Refill DOS 06/24/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use Page(s): 78, 92.

Decision rationale: The request for Tylenol #4 300mg - 60mg #60 with 1 Refill DOS 06/24/2014 is not medically necessary. The California MTUS Guidelines recommend providing ongoing education on both the benefits and limitations of opioid treatment. The guidelines recommend the lowest possible dose should be prescribed to improve pain and function. The guidelines also recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The submitted documentation did not indicate the efficacy of the medication. Additionally, the report did not include a complete and accurate pain assessment. A urinalysis submitted on 04/30/2014 indicated that the injured worker was not in compliance with her prescriptions and was positive for morphine. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for Tylenol #4 300mg - 60mg #60 with 1 Refill DOS 06/24/2014 is not medically necessary.

Soma 350mg #120 with 1 Refill DOS 06/24/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 65.

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

Decision rationale: The request for Soma 350mg #120 with 1 Refill DOS 06/24/2014 is not medically necessary. The California MTUS state that Soma (Carisoprodol) is not indicated for longer than 2 to 3 weeks. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. The submitted

documentation did not report the efficacy of the medication or any quantified information regarding pain relief. Additionally, the submitted documentation lacked any evidence whether the medication was helping the injured worker with function and deficits. The request as submitted is for Soma 350mg #120 with 1 refill which totals 2 months, exceeding the recommended guidelines for 2 to 3 weeks. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

Lunesta 3mg #30 with 1 Refill DOS 06/24/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Insomnia Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Treatment for Insomnia (Lunesta).

Decision rationale: The request for Lunesta 3mg #30 with 1 Refill DOS 06/24/2014 is not medically necessary. ODG state that Lunesta is not recommended for long term use, but recommended for short term use. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve within a 7 to 10 day period may indicate a psychiatric and/or medical illness. The 4 main categories of pharmacologic treatment consist of (1) benzodiazepines, (2) nonbenzodiazepine, (3) melatonin and melatonin receptor agonists, and (4) over the counter medications. The majority of the studies have only evaluated short term treatment (less than 4 weeks) of insomnia; therefore, more studies are necessary to evaluate the efficacy and safety of treatments for long term treatment of insomnia. The submitted documentation did not indicate the efficacy of the medication. It is unclear whether the Lunesta was helping the injured worker with her insomnia. Additionally, the request as submitted is for Lunesta #30 with 1 refill which totals 8 weeks, exceeding the recommended guidelines. As such, the request is not medically necessary.

Anaprox DS 550mg #60 DOS 06/24/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68,70,73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: The request for Anaprox DS 550mg #60 DOS 06/24/2014 is not medically necessary. The California MTUS Guidelines recommend the use of NSAIDs for patients with osteoarthritis (including the knee and hip) and in patients with acute exacerbations of chronic low back pain. The guidelines also recommend NSAIDs at the lowest dose for the shortest period of time with patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular for those with gastrointestinal, cardiovascular, or renovascular risk factors. In patients with acute exacerbations

of chronic low back pain, the guidelines recommend NSAIDs as an option for short term symptomatic relief. The submitted documentation lacked evidence that provided a complete and accurate pain assessment. Additionally, the efficacy of the medication was not submitted for review. Additionally, it was not submitted in the documentation as to how long the injured worker had been taking Anaprox; given the guidelines above, it is not recommended for long term use, but for short term use. As such, the request is not medically necessary.