

<b>Case Number:</b>	CM14-0133217		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	01/07/2010
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Oklahoma. 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 47-year-old male who reported an injury on 01/27/2010. Reportedly while at work, he was walking down a stairway with a 50-55 pound sail over his shoulder, when he tripped on 1 of the steps and fell, landing on his buttock and left elbow. The injured worker stated that the sail fell on top of him. He sustained injuries to his low back and left elbow. The injured worker's treatment history included chiropractic treatment, physical therapy sessions, pain medications, MRI studies, EMG/NCV studies. The injured worker was evaluated on 06/12/2014, and it was documented the injured worker complained of low back pain and bilateral lower extremity symptoms. The injured worker stated he had a flare-up of increased back pain for the past 2 weeks, which was attributed to raking the yard. He reported persistent radiation of pain down both legs to his feet, worse on the left than right. He rated his low back pain at 8/10 to 9/10 on the pain scale. He stated he felt tightness down both legs. He reported persistent spasm in his back. The provider noted he continued a home exercise program, but stated his activity level continued to be limited by pain. The injured worker had undergone a bilateral lower extremity EMG study on 05/12/2014 that was normal. Objective findings: The injured worker was alert and oriented, in no acute distress. Gait was mildly antalgic. There was tenderness to palpation to the lower lumbar paraspinous musculature. Range of motion of the lumbar spine was decreased in all planes. Decreased sensation left L4, L5, and S1 dermatomes. Bilateral TAEHL eversion and inversion was 5/5. The provider noted the injured worker continued his pain management medications. He stated he was taking naproxen 550 mg twice a day, Docuprene 100 mg once a day, tramadol ER 150 mg once a day, which provides him approximately 50% relief and allows him to sleep 4 to 5 hours. Diagnoses included lumbar radiculopathy HNP L4-5 and L5-S1, left elbow arthralgia, multi-level DDD of lumbar spine. The

request for Authorization dated 06/12/2014 was for epidural steroid injection bilaterally at L5 and S1 levels, tramadol ER 150 mg, gabapentin 600 mg, and ketoprofen 75 mg. The rationale for the epidural steroid injection bilaterally at L5 and S1 was requested due to the diagnostic and therapeutic properties attributed to the procedure.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Transforaminal epidural steroid injection, bilaterally L5 and S1 levels: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) 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. There was lack of documentation of home exercise regimen, and pain medication management or the outcome measurements for the injured worker. The documentation submitted on 06/12/2014 indicated the injured worker stated physical therapy helped. The provider failed to indicate injured worker long-term goals of treatment. Given the above, the request for transforaminal epidural steroid injection bilaterally at L5 and S2 levels is not medically necessary.

#### **Tramadol ER 150mg # 60: Upheld**

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

**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. In addition, there lack of evidence of outcome measurements of conservative care such as, home exercise regimen outcome improvements noted for the injured worker. The documentation submitted for review there was no a urine drug screen submitted to

indicate Opioids compliance for the injured worker. The request submitted failed to indicate frequency and duration of medication. As such, the request is not medically necessary.

**Gabapentin 600mg # 60: Upheld**

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

**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. The documentation submitted had lack of evidence of the injured worker having neuropathic pain. In addition, the request did not include frequency or duration of the medication. Given the above, the request for Gabapentin 600 mg # 60 is not medically necessary.

**Ketoprofen 75mg # 90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-steroidal anti-anti-inflammatory drugs).

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend that Motrin is used as a second line treatment after acetaminophen, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. For acute low back pain with sciatica a recent Cochrane review (included 3 heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs versus. Placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low back pain and that acetaminophen have fewer side effects. The provider failed to indicate long-term functional goals for the injured worker. In addition, the request for Ketoprofen did not include frequency, or duration of medication. Given the above, the request for the Ketoprofen 75 mg # 90, is not medically necessary.