MAXIMUS Federal Services

Case Number:	CM14-0164061		
Date Assigned:	10/16/2014	Date of Injury:	06/20/2011
Decision Date:	11/19/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/06/2014

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 Occupational Medicine 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 20, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; adjuvant medications; earlier ankle surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 16, 2014, the claims administrator failed to approve a request for an epidural steroid injection, gabapentin, and Protonix. The claims administrator stated that the applicant did not have a compelling evidence of radiculopathy at the level in question. The claims administrator stated that the applicant was not benefiting from ongoing usage of gabapentin and suggested discontinuing the same. The applicant's attorney subsequently appealed. In an October 8, 2014 progress note, the applicant reported ongoing complaints of low back pain, reportedly severe. The applicant was using a cane to move about. The applicant was depressed and using Paxil for the same. The applicant was both hypertensive and diabetic, it was noted. Positive straight leg raising was appreciated. The applicant reportedly had disk protrusion with associated severe spinal stenosis at L4-L5. The applicant was not currently working, it was acknowledged. Norco, Naprosyn, Protonix, Flexeril, Neurontin, and Paxil were endorsed. On September 10, 2014, the attending provider sought authorization for an ankle and foot orthosis. The applicant reported 4/10 ankle pain at rest versus 1 to 2/10 pain with activity. The applicant was status post earlier ankle surgery, it was acknowledged. In an August 27, 2014 progress note, the applicant reported 8 to 9/10 low back and left leg pain, reportedly severe. The applicant was using a cane and back brace, it was acknowledged. The applicant was able to lift a gallon of milk but was having difficulty performing standing and walking chores. The applicant's sister and sister-in-law were doing many of the chores that the applicant was unable

to perform himself owing to severe pain complaints. The attending provider again noted that the applicant had severe stenosis at L4-L5 secondary to neural foraminal narrowing and a disk protrusion. Multiple medications were renewed. The applicant was not working, it was acknowledged. The applicant was asked to continue a back brace. In an earlier note dated August 13, 2014, authorization was sought for an epidural steroid injection at L4-L5 owing to severe foraminal stenosis at that level with associated radicular complaints. The applicant was depressed, it was noted. It was stated that the applicant had not had any previous epidural injections. The applicant was described as having issues with medication-induced dyspepsia/stomach upset noted on an office visit of August 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic medications Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function with the same. In this case, however, the applicant is off of work, despite ongoing usage of gabapentin. Ongoing usage of gabapentin has failed to curtail the applicant's dependence on opioid agents such as Norco. The applicant is having difficulty performing basic household chores, ambulate, and perform other activities of daily living of his own accord. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of gabapentin. Therefore, the request is not medically necessary.

Pantoprazole 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) GI symptoms & cardi.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, Cardiovascular Risk Page(s): 69.

Decision rationale: As noted on page 69 in the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Protonix are indicated in the treatment of NSAID-induced dyspepsia. In this case, the applicant did report issues with dyspepsia on an August 26, 2014 office visit. Ongoing usage of Protonix (pantoprazole), a proton pump inhibitor, is indicated to combat the same. Therefore, the request is medically necessary.

Transforaminal injection at L4-L5-Lumbar spine: Overturned

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

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are indicated in the treatment of radiculopathy, preferably that which are radiographically and/or electrodiagnostically confirmed. In this case, the applicant reportedly has radiographic corroboration of radiculopathy at the level in question, with disk protrusion and/or associated neural foraminal stenosis/spinal stenosis noted. Ongoing complaints of radicular pain persist. The attending provider has stated that this is a first-time request for epidural steroid injection therapy at the level in question. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to two diagnostic epidural blocks. Therefore, the request is medically necessary.