

Case Number:	CM14-0167340		
Date Assigned:	10/14/2014	Date of Injury:	02/25/2009
Decision Date:	11/17/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/10/2014

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 February 20, 2009. In a Utilization Review Report dated September 30, 2014, the claims administrator denied epidural steroid injection, denied an epidurogram, approved Ditropan, approved Zoloft, and denied gabapentin. The applicant's attorney subsequently appealed. In a May 13, 2011 Medical-legal Evaluation, it was stated that the applicant should not attempt to return to her former employment and further suggested that the applicant might never returned to work. In an October 7, 2014 appeal letter, the applicant's treating provider went on to appeal the previously denied request for an epidural steroid injection and request for gabapentin. It was noted that the applicant had received earlier cervical and lumbar epidural steroid injections and cervical radiofrequency ablation procedures. The applicant was on gabapentin. It was stated that gabapentin was attenuating the applicant's neuropathic symptoms and allowing her to sleep at night. The applicant was moderately obese, it was acknowledged. The attending provider stated that the applicant had had at least three prior lumbar epidural steroid injections, had reportedly benefitted from the same and suggested that the applicant receive further epidural injections. It was further noted that the applicant had tried various treatments over the course of the claim, including ketamine cream, Ultracet, and Norco. The applicant's work status was not clearly furnished. In a Medical-legal Evaluation dated September 27, 2014, it was again noted that the applicant had a history of having had prior epidural injections. It was suggested that the applicant had developed issues with depression and urologic dysfunction. In a September 15, 2014 progress note, the applicant again acknowledged that earlier relief through an epidural steroid injection had been quite fleeting and had transpired quite sometime ago. The applicant was receiving massage therapy. The applicant stated that Zoloft was ameliorating her depressive

symptoms. In one section of the note, it was stated that the applicant was using Diclofenac, morphine, Ditropan, Zoloft, Neurontin, and naproxen. At the bottom of the report, epidural steroid injection therapy was sought while Ditropan, Zoloft, and gabapentin were refilled. The applicant was permanent and stationary with a rather proscriptive 10-pound lifting limitation, it was acknowledged. The applicant was not working with said limitation in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request in question represents a request for a repeat epidural steroid injection. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. In this case, however, the applicant is off of work. The applicant remains dependent on a variety of opioid agents, including morphine. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite multiple prior epidural injections over the course of the claim. Therefore, the request for an additional Lumbar epidural steroid injection at L5-S1 is not medically necessary and appropriate.

Lumbar epidurogram with fluoroscopic guidance and IV sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This is a derivative or companion request, one which accompanies the primary request for an epidural steroid injection. Since that request is deemed not medically necessary, the derivative or companion request for an epidurogram, fluoroscopy, and IV sedation is likewise not medically necessary.

Sertraline HCL 50mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, antidepressants "may be helpful" to alleviate symptoms of depression. In this case, the applicant does apparently have ongoing symptoms of depression. The attending provider has posited that the applicant's depressive symptoms have been attenuated following introduction of sertraline (Zoloft). Continuing the same, on balance, is therefore indicated. Accordingly, the request for Sertraline HCL 50mg #30 is medically necessary and appropriate.

Gabapentin 100mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: As noted on page 49 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin is considered a first-line agent for neuropathic pain, as is apparently present here. The attending provider has posited that ongoing usage of gabapentin has attenuated the applicant's lower extremity radicular complaints and ameliorated the applicant's sleep. Continuing the same, on balance, is therefore indicated. Accordingly, the request for Gabapentin 100mg #30 is medically necessary and appropriate.

Gabapentin 300mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: As noted on page 49 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, an anticonvulsant adjuvant medication, is considered a first-line treatment for neuropathic pain, as is present here. The attending provider has posited that ongoing usage of gabapentin has attenuated the applicant's lower extremity radicular complaints and improved the applicant's ability to sleep. Continuing the same, on balance, is indicated. Therefore, the request for Gabapentin 300mg #30 is medically necessary and appropriate.