

Case Number:	CM14-0169243		
Date Assigned:	10/17/2014	Date of Injury:	06/12/2002
Decision Date:	11/19/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/14/2014

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 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:

Injured worker is a 56 year-old male with date of injury 06/12/2002. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/25/2014, lists subjective complaints as low back pain with radicular symptoms to both legs. A prior bilateral epidural steroid injection at L5-S1 dated 08/06/2013 was noted to have provided 50% pain relief and improved functioning for about six months. Another injection on 05/02/2014 failed to reveal any functional improvement or pain relief. Objective findings: Examination of the lumbar spine revealed tenderness to palpation at the lumbosacral junction with associated muscle tension extending into the mid back. Range of motion was limited by pain. Sensation to light touch was decreased along the bilateral calves. Motor strength was 5/5 in the bilateral lower extremities. Straight leg test was negative bilaterally. Diagnosis: 1. Degeneration of lumbar disc 2. Lumbago 3. Lumbar disc displacement without myelopathy 4. Neck pain. Injured worker underwent an MRI of the lumbar spine on 08/09/2002 which was notable for mild disc disease and degenerative changes at L5-S1 with mild disc desiccation, a 2-3mm broad-based disc bulge, and mild bilateral foraminal narrowing particularly on the left. There was no definite encroachment upon the nerve roots and the disc was intact. The medical records supplied for review document that the injured worker has been taking the following medication for at least as far back as two months. Medications: 1. Lyrica 50mg, #90 SIG: 1 tab every 8 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Transforaminal Lumbar Epidural Steroid Injection at L5-S1, Lumbar Epidurogram IV Sedation, Fluoroscopic Guidance and Contrast Dye: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI's).

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

Decision rationale: According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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. Although the injured worker had significant pain relief from the first epidural steroid injection, his second lumbar epidural steroid injection on 05/02/2014 failed to provide any relief. 1 Bilateral transforaminal lumbar epidural steroid injection at L5-S1, lumbar epidurogram IV Sedation, fluoroscopic guidance and contrast dye is not medically necessary.

Lyrica 50mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20.

Decision rationale: The MTUS states that Lyrica has FDA approval for painful diabetic neuropathy, postherpetic neuralgia, and fibromyalgia. The injured worker is not diagnosed with the above indications. In addition, a recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain, but have been effective for radicular pain. The injured worker has a well-documented history of radicular complaints in the lower extremities and the medical record mentions that Lyrica has been helpful with these complaints. The request for Lyrica 50mg #90 is medically necessary.