

Case Number:	CM14-0020753		
Date Assigned:	04/30/2014	Date of Injury:	08/10/2012
Decision Date:	07/08/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/19/2014

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 Anesthesiology has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 41-year-old male with an 8/10/12 date of injury. At the time (1/15/14) of request for authorization for transforaminal epidural steroid injections of the right L4-L5, Neurontin (dosage and quantity not provided), and Vicodin (dosage and quantity not provided), there is documentation of subjective (right low back and right lower extremity symptoms) and objective (tenderness over the paralumbar extensors and facet joints, and positive straight leg raise) findings, current diagnoses (lumbar myofascial pain and L4-5 radiculopathy), and treatment to date (lumbar epidural steroid injection at L4-5 and medications including Neurontin and Vicodin). Medical report identifies that the patient had almost complete resolution of symptoms after epidural steroid injection on 10/22/13. Regarding epidural steroid injection, there is no (clear) documentation of at least 50-70% pain relief for six to eight weeks, as well as decreased need for pain medications, and functional response. Regarding Neurontin, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as result of Neurontin use to date. Regarding Vicodin, there is no documentation of that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, side effects and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Vicodin use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFORAMINAL EPIDURAL STEROID INJECTIONS OF THE RIGHT L4-L5:

Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections (ESIs).

Decision rationale: MTUS reference to ACOEM guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. ODG identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response as criteria necessary to support the medical necessity of additional epidural steroid injections. Within the medical information available for review, there is documentation of diagnoses of lumbar myofascial pain and L4-5 radiculopathy. In addition, there is documentation of a previous lumbar epidural steroid injection at L4-5 on 10/22/13. However, despite documentation of a rationale that the patient had almost complete resolution of symptoms after epidural steroid injection, there is no (clear) documentation of at least 50-70% pain relief for six to eight weeks, as well as decreased need for pain medications, and functional response. Therefore, based on guidelines and a review of the evidence, the request for transforaminal epidural steroid injections of the right L4-L5 is not medically necessary.

NEURONTIN (DOSAGE AND QUANTITY NOT PROVIDED): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 18-19.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Neurontin (gabapentin). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar myofascial pain and L4-5 radiculopathy. In addition, there is documentation of neuropathic pain and ongoing treatment with Neurontin. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity

tolerance; and/or a reduction in the use of medications or medical services as result of Neurontin use to date. In addition, there is no documentation of the dosage and quantity requested.

Therefore, based on guidelines and a review of the evidence, the request for Neurontin (dosage and quantity not provided) is not medically necessary.

VICODIN (DOSAGE AND QUANTITY NOT PROVIDED): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 75,78,79,80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar myofascial pain and L4-5 radiculopathy. In addition, there is documentation of ongoing treatment with Vicodin. However, there is no documentation of that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Vicodin use to date. Furthermore, there is no documentation of the dosage and quantity requested. Therefore, based on guidelines and a review of the evidence, the request for Vicodin (dosage and quantity not provided) is not medically necessary.