

Case Number:	CM14-0059054		
Date Assigned:	07/09/2014	Date of Injury:	05/01/2003
Decision Date:	08/12/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	04/29/2014

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, Pain Medicine and is licensed to practice in Florida. 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 66-year-old male who reported an injury on 05/01/2003, due to an unspecified mechanism. The injured worker had a history of midline to lower back pain. The injured worker had a diagnoses of back pain, radiculitis, and lumbosacral spondylosis without myelopathy, lumbar degenerative disc disease, and scoliosis. The MRI of the lumbar spine dated 02/26/2014 revealed a solid fusion at the L4-5 and the L5-S1 and foraminal stenosis at both the L3-4 and L2-3. The past surgical history included a lumbar decompression, lumbar fusion, and lumbar laminectomy from 2006 through 2010. Per the clinical notes, the past treatments included 4 sessions with a chiropractor and a lumbar epidural steroid injection dated 03/28/2013, and 04/29/2014, at the L2-3 and L3-4 levels. The treatment plan included current medication regime of Hydrocodone, Gabapentin and Trazadone. Per the clinical notes dated 04/29/2014, objective findings of the lumbar spine revealed a 5/5 motor strength bilaterally, intact sensation and a positive straight leg raise. The 04/29/2014 chart notes revealed the medications included Norco 10 mg/325 mg; trazodone 50 mg; and Neurontin 300 mg, with a reported pain of 4/10 using the VAS along with a 75% relief in pain. The Request for Authorization was submitted on 03/11/2014, and the request for trazodone, Neurontin, and Vicodin authorization was submitted on 04/15/2014, within the paperwork. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/500mg twice a day QTY: 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone, page 51 and On Going Management Page(s): 78.

Decision rationale: The request for Vicodin 5/500 mg twice a day, quantity 180, is not medically necessary. The CA MTUS guidelines state hydrocodone is a semi-synthetic opioid which is considered the most potent oral opioid that does not require special documentation for prescribing in some states (not including California). The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids to include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The documentation provided did not indicate ongoing monitoring of the chronic pain for the injured worker and no documentation for pain relief with and without medication. The documentation also was not evident of any psychological/psychosocial functioning, and of evaluation for aberrance. Per clinical notes dated 04/29/2014 the injured work is overall doing better. The request did not address the frequency for the medication. As such, the request is not medically necessary.

Neurontin 300mg three times a day #90: 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 Specific Anti-epilepsy Drugs Page(s): 18.

Decision rationale: The request for Neurontin 300 mg 3 times a day #90 is not medically necessary. The California MTUS guidelines recognize gabapentin/Neurontin to be an effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and they have been considered as a first-line treatment for neuropathic pain. The documentation provided did not indicate that the injured worker had neuropathy pain, postherpetic pain, or neuralgia pain. The efficacy was not evident in the clinical note. The request did not address the frequency of the medication. As such, the request is not medically necessary.

Trazadone 50mg at bedtime #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective Serotonin Reuptake inhibitors Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Antidepressants.

Decision rationale: The request for the Trazadone 50 mg at bedtime #30 is not medically necessary. The CA MTUS guidelines recognize selective serotonin reuptake inhibitors (SSRIs),

as a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. The Official Disability Guidelines indicate negative results were found for spinal cord pain and phantom-limb pain, but this may have been due to study design. Per the guidelines there is an association between selective serotonin reuptake inhibitors and gastrointestinal bleeding. Per the documentation provided, there was no evidence that the injured worker had benefited from the use of Trazadone and had demonstrated any significant chronic lumbar pain. The request did not address the frequency of the medication. As such, the request for Trazadone 50 mg at bedtime #30 is not medically necessary.

Transforaminal Lumbar Epidural Steroid Injection Left L2-3 & L3-4: Upheld

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

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

Decision rationale: The request for transforaminal lumbar epidural steroid injection to the left L2-3 and L3-4 is not medically necessary. The CA MTUS guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance. If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. No more than two nerve root levels should be injected using transforaminal blocks. No more than one interlaminar level should be injected at one session. 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. Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. The documentation submitted was not evident of any imaging studies or electrodiagnostic testing. Per the clinical notes, there is no evidence that the conservative treatment such as exercise, physical therapy, muscle relaxants that the injured worker was unresponsive. Furthermore, the documentation was unclear as to how many epidural steroid injections that the injured worker has already had. As such, the request is not medically necessary.