

Case Number:	CM14-0081226		
Date Assigned:	07/18/2014	Date of Injury:	02/25/2004
Decision Date:	09/18/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/02/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 56-year-old with a reported injury on February 25, 2004. The diagnoses included left sided lumbar radiculopathy in the L4 distribution, lumbar stenosis at L3-4 and L4-5, lumbar neural foraminal stenosis bilaterally at L4-5, left piriformis syndrome, lumbar facet joint dysfunction at L4-5 and L5-S1, improved status post lumbar facet rhizotomy in March 12, 2014. The injured worker has had previous treatments of medications, trigger joint injections, physical therapy, epidural steroid injections, prescribed medications and L5 nerve root block. The injured worker had an MRI of the lumbar spine on July 18, 2012. The impression of the MRI at that time was mild degenerative disc disease and facet arthrosis with mild spinal stenosis, and mild bilateral foraminal narrowing at L4-5. The injured worker had an examination on 05/05/2014 with complaints of left sided low back pain. He described his pain as constant and he described having spasms with electrical discomfort that radiated down the left lower back area to the posterolateral leg to the knee. He stated that his symptoms were mostly aggravated by prolonged standing and walking. He did have a left sided lumbar trigger point injection x3 that gave him 50% relief. The relief lasted approximately 1 week. On physical examination the injured worker did have decreased lumbar flexion at 45 degrees and decreased extension at 10 degrees. There was no tenderness to palpation in the lumbar facet joints. There was mild left lumbar paraspinal tenderness to palpation in the middle and the lower lumbar paraspinals. There was a negative PSIS tenderness, there was negative GT bursa tenderness, there was a positive straight leg test on the left side. The muscle strength bilaterally in the lower extremities was a 5/5. Logical sensation was decreased along the left lateral lower leg. The deep tendon reflexes were 1/4 bilaterally to the patellar and Achilles. The list of medications included; Celebrex, Savella, gabapentin, hydrocodone, Dexilant, Zyrtec. He had previously tried Lunesta, Ambien, Lyrica, ibuprofen, Aleve, Advil, meloxicam, dextran and Cymbalta in the past. The efficacy of his

medications was not provided. The recommended plan of treatment is to continue with different medications and to have an L4-5 transforaminal epidural steroid injection to improve his discogenic and radicular symptoms. It was reported that he had a previous epidural steroid injection on October 23, 2013 that gave him greater than 80% relief for 4 months. The Request for Authorization and the rationale for the gabapentin was not provided. The Request for Authorization for the epidural steroid injection was signed and dated May 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600 mg, 120 count with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antiepilepsy drugs Page(s): 16-19.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend antiepilepsy drugs for neuropathic pain due to nerve damage. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and it is considered as a first line treatment for neuropathic pain. It is recommended that gabapentin is adequate for a trial of three to eight weeks for titration and then to two weeks at maximum tolerated dose. The patient should be asked at each visit as to whether there has been a change in pain or function. It is recommended that weaning and/or switching to another drug in this class should be done over a week. The switch and weaning should be done if there is no evidence of adequate responses, if there is intolerance, hypersensitivity, or contraindications. There is no evidence that the injured worker has neuralgia or neuropathic pain. It is unknown as to how long the injured worker has been on this medication and there has been no evidence of weaning or switching to another drug in this class. There is a lack of efficacy provided. Furthermore, the request does not specify directions as far as frequency and duration. There is a lack of evidence to support the number of 120 pills with 2 refills without further evaluation and assessment. The clinical information fails to meet the evidence based guidelines for the request. Therefore, the request for Gabapentin 600 mg, 120 count with two refills, is not medically necessary or appropriate.

One left L4-L5 transforaminal epidural steroid injection (ESI): Upheld

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

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

Decision rationale: The L4-5 transforaminal epidural steroid injection is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections in the event that radiculopathy is documented by physical examination and corroborated by imaging studies.

Is initially unresponsive to conservative treatment such as exercise, physical methods, NSAIDs and muscle relaxants. The injections should be performed under fluoroscopy for guidance. There are radiculopathy symptoms and diagnosis although the imaging test did not corroborate actual radiculopathy. There was a lack of evidence that the injured worker was initially unresponsive to conservative treatment such as exercise, physical methods, NSAIDs and muscle relaxants. The efficacy of the medications that he is on was not provided. The request does not specify the use of a fluoroscopy for guidance. There is a lack of evidence to support the medical necessity of the transforaminal epidural steroid injections to the L4-5 without further evaluation and assessment. Therefore, the request for one left L4-5 transforaminal ESI is not medically necessary or appropriate.