

Case Number:	CM14-0098402		
Date Assigned:	10/23/2014	Date of Injury:	02/23/2011
Decision Date:	12/04/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/26/2014

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 Family Medicine, and is licensed to practice in New Jersey. 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 worker is a 50 year old male who was injured on 2/23/2011. He was diagnosed with chronic low back pain previous and degenerative lumbar spondylosis present previous to the injury date. He was also diagnosed with chronic right hip pain with labrum tear and bone spurs and cervical disc degeneration. More recently he had been treated with physical therapy, medications, (including opioids, NSAIDs, anti-epileptics, and muscle relaxants), surgery (right hip), home spinal traction, and marijuana. On 5/13/2014, the worker was seen by his pain management physician complaining of his chronic low back pain with "sciatica" contributing to bilateral leg pain. He reported having vertigo with opioid medication use in the past. He reported using ibuprofen for his pain as well as marijuana but continued to experience pain rated at 8-9/10 on the pain scale. Physical findings included lumbar and gluteal muscle spasm, decreased deep tendon reflex of the right adductor magnus on the left, and positive straight leg raise on the right. He was then recommended to continue marijuana and ibuprofen, use Lidoderm, receive lumbar Epidural Injections, take Lisinopril, and complete a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

(R) Epidural Steroid injection L4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: The MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of lumbar radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and can offer short term pain relief, but use should be in conjunction with other rehab efforts, including continuing a home exercise program. The criteria as stated in the MTUS Guidelines for epidural steroid injection use for chronic pain includes the following: 1. radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, 2. Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants), 3. Injections should be performed using fluoroscopy for guidance, 4. 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, 5. No more than two nerve root levels should be injected using Transforaminal Blocks, 6. No more than one interlaminar level should be injected at one session, 7. 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, and 8. Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase, and instead only up to 2 injections are recommended. In the case of this worker, there was not clear physical objective evidence of lumbar radiculopathy, nor a record of the last lumbar spine MRI report for the reviewer to review. Without this documentation to show clear evidence of lumbar radiculopathy, epidural injections cannot be recommended. The request for (R) Epidural Steroid Injection L4 is not medically necessary.

Medical Marijuana: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cannabinoids Page(s): 28.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that medical marijuana is not recommended, regardless of it being approved for use in many states, due to not having sufficient quality controlled clinical data to support its use over other methods for pain control. In one study, it was found that moderate dosing provided some pain relief, but high doses appeared to exacerbate pain. Cannabis also has psychoactive effects which can impair learning and memory. In the case of this worker, he had been using cannabinoid products which contributed some unmeasured benefit. However, the functional and pain-reducing benefit was not quantified for the reviewer. So, considering the general recommendation of the MTUS to not use it and the lack of clear evidence of benefit, the request for Medical Marijuana is not medically necessary.

Lisinopril 10 #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
www.nlm.nih.gov/medlineplus/druginfo/mes/a697042.html

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape: Lisinopril
(<http://reference.medscape.com/drug/prinivil-zestril-lisinopril-342321>)

Decision rationale: The MTUS Guidelines do not address Lisinopril, specifically. Lisinopril is an ACE inhibitor drug used for the treatment of hypertension, acute myocardial infarction, heart failure, and nephropathy. In the case of this worker, there is no record of him being diagnosed with any of these conditions. Also, there is no evidence to connect this medication use to his injury. Therefore, the request for Lisinopril is not medically necessary.

Lidoderm patches #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Topical Analgesics, Lidocaine Page(s): 56-57, 112.

Decision rationale: The MTUS Guidelines for Chronic Pain state that topical Lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI antidepressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, there is not clear evidence from physical findings that confirm he has neuropathy to consider using topical Lidocaine. The request for Lidocaine is not medically necessary.

(R) Epidural Steroid injection S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: The MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of lumbar radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and can offer short term pain relief, but use should be in conjunction with other rehab efforts, including continuing a home exercise program. The criteria as stated in the MTUS Guidelines for Epidural Steroid Injection use for chronic pain includes the following: 1. radiculopathy must be documented by physical

examination and corroborated by imaging studies and/or electrodiagnostic testing, 2. Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants), 3. Injections should be performed using fluoroscopy for guidance, 4. 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, 5. No more than two nerve root levels should be injected using Transforaminal Blocks, 6. No more than one interlaminar level should be injected at one session, 7. 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, and 8. Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase, and instead only up to 2 injections are recommended. In the case of this worker, there was not clear physical objective evidence of lumbar radiculopathy, nor a record of the last lumbar spine MRI report for the reviewer to review. Without this documentation to show clear evidence of lumbar radiculopathy, epidural injections cannot be recommended. The request for (R) Epidural Steroid injection S1 is not medically necessary.