

<b>Case Number:</b>	CM14-0186883		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	03/01/2007
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 50 year old male with an injury date on 03/07/2014. Based on the 09/12/2014 progress report provided by the treating physician, the diagnoses are: 1. Lumbar spinal stenosis at the L4-5 level with right L5 radiculopathy by EMG and nerve conduction velocity. 2. Status post previous lumbar laminectomy and disc excision from the left due to an extruded disc at the L4-L5 level with now increasing radicular symptoms and positive EMG and nerve conduction velocity for right L5 radiculopathy, which is recurrent. According to this report, the patient complains of "persistent pain in his low back and pain with forward flexion radiating down his right leg, worse with prolonged sitting and repetitive bending." Exam of the low back shows tenderness over the L3-L4, L4-L5, and L5-S1 posterior spinous processes and paravertebral muscles. Range of motion is limited with pain. The treating physician states "an EMG and nerve conduction was done since my last evaluation." The 08/15/2014 report indicates straight leg raise is mildly positive. There is "weakness of the right EHL, gastric, and peroneal with a mild right foot drop." Per this report, "EMG and nerve conduction velocity performed by [REDACTED] shows a right L5 radiculopathy at this time. However, the report was not included in the file for review. MRI of the lumbar spine on 08/01/2014 shows evidence for laminectomies at the L4-L5 level and small anterior osteophytes at L4 and L5. There were no other significant findings noted on this report. The utilization review denied the request for 1 right Transforaminal epidural injection to the lumbar spine, 1 prescription of Motrin 800mg #90 with 1 refill, 1 prescription of Gabapentin 300mg #60 with 1 refill, and 1 prescription of Norco 10/325mg #60 with 1 refill based on the MTUS guidelines. The requesting physician provided treatment reports from 04/11/2014 to 09/12/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 right transforaminal epidural injection to the lumbar spine: 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 ESI Page(s): 46-47.

**Decision rationale:** According to the 09/12/2014 report, this patient presents with persistent pain in the low back that radiates down the right leg. Per this report, the current request is for 1 right transforaminal epidural injection to the lumbar spine. Regarding ESI, MTUS guidelines states "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." Review of reports does not show evidence of prior epidural steroid injections. While this patient presents with radiating pain down the right leg, they are not described in specific dermatomal distribution to denote radiculopathy or nerve root pain. EMG studies was positive for L5 radiculopathy; however, exam findings do not indicate radiculopathy that is consistent with a specific nerve root dysfunction. In this case, the patient does not present with a dermatomal distribution of pain that is documented by physical exam as required by the guidelines. Therefore the request is not medically necessary.

### **1 prescription of Motrin 800mg #90 with 1 refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications; non-steroidal anti-inflammatory dru.

**Decision rationale:** According to the 09/12/2014 report, this patient presents with persistent pain in the low back that radiates down the right leg. Per this report, the current request is for 1 prescription of Motrin 800mg #90 with 1 refill. The MTUS Guidelines page22 reveal the following regarding NSAID's, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." Motrin was first noted in the 08/15/2014 report; it is unknown exactly when the patient initially started taking this medication. The treating physician failed to discuss functional improvement and the effect of pain relief as required by the guidelines. MTUS guidelines page 60 require documentation of medication efficacy when it is used for chronic pain. In this case, there is no mention of how this medication has been helpful in any way. Therefore the request is not medically necessary.

### **1 prescription of Gabapentin 300mg #60 with 1 refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 18-19, 49.

**Decision rationale:** According to the 09/12/2014 report, this patient presents with persistent pain in the low back that radiates down the right leg. Per this report, the current request is for 1 prescription of Gabapentin 300mg #60 with 1 refill. Regarding Anti-epileptic (AKA anti-convulsants) drugs for pain, MTUS Guidelines recommend for "treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Gabapentin was first noted in the 08/15/2014 report; it is unknown exactly when the patient initially started taking this medication. Reviews of reports indicate that the patient has neuropathic pain. The ODG guidelines support the use of anti-convulsants for neuropathic pain. However, the treating physician does not mention that this medication is working. There is no discussion regarding the efficacy of the medication. MTUS page 60 require that medication efficacy in terms of pain reduction and functional gains must be discussed when used for chronic pain. Therefore the request is not medically necessary.

**1 prescription of Norco 10/325mg #60 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; CRITERIA FOR USE OF OPIOIDS Page(s): 60-61; 88-89; 76-78.

**Decision rationale:** According to the 09/12/2014 report, this patient presents with persistent pain in the low back that radiates down the right leg. Per this report, the current request is for 1 prescription of Norco 10/325mg #60 with 1 refill. This medication was first noted in the 08/15/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, none of the reports show documentation of pain assessment; no numerical scale is used describing the patient's function; no outcome measures are provided. No specific ADL's, return to work are discussed. No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. There are no opiate monitoring such as urine toxicology or CURES. Outcome measures are not documented as required by MTUS. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per MTUS. The treating physician has failed to properly document ADL's, adverse effects and adverse behavior as required by MTUS. Therefore the request is not medically necessary.