

Case Number:	CM14-0190421		
Date Assigned:	11/21/2014	Date of Injury:	01/10/2002
Decision Date:	01/09/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/14/2014

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 Occupational Medicine 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:

This is a 59-year-old male with a 1/10/2002 date of injury. The exact mechanism of the original injury was not clearly described. A progress report dated 9/18/14 noted subjective complaints of low back pain. Objective findings included lumbar spasm, with limited lumbar ROM. An MRI of the lumbar spine from 12/4/13 showed L3-4 broad based disc protrusion that abuts the thecal sac and marked spinal canal narrowing. Diagnostic Impression: increasing low back pain s/p lumbar fusion, breakdown stenosis L3-4, and physical therapy. The treatment to Date includes medication management, home exercise, lumbar surgery, and a lumbar ESI. A UR decision dated 11/4/14 denied the request for bilateral L3-S1 lumbar ESI. There is no specific rationale provided in the documents available for review. It also denied Norco 10/325 mg #60. There is lack of evidence that the use of opioid has resulted in improvement in pain and function. It also denied Neurontin 600 mg #60. There is no quantified reduction in patient's pain due to Neurontin use. It also denied 1 Toradol 60 mg injection. Guidelines do not support the use of Toradol for chronic pain conditions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-S1 Lumbar Epidural Steroid Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Epidural Steroid Injections (ESI's)(Manchikanti, 2003) (CMS, 2004) (Boswell, 2007)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation AMA Guides (Radiculopathy)

Decision rationale: The CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. However, in the documents available for review, there is no documentation of objective physical exam findings consistent with radiculopathy. Additionally, while the lumbar MRI from 12/13 shows canal narrowing at L3-4, there is no evidence of neural compromise at L5 and S1. Furthermore, the patient is noted to have had previous lumbar ESI. However, there is no clear documentation of quantitative benefit obtained from prior injections. Therefore, the request for bilateral L3-S1 lumbar epidural steroid injection was not medically necessary.

Norco 10/325mg #60: 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 Opiates Page(s): 78-81.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2002 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 10/325 mg #60 was not medically necessary.

Neurontin 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AEDs-Anti-epilepsy drug-Neurontin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18, 49. Decision based on Non-MTUS Citation FDA (Neurontin)

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, given a 2002 original date of injury, it is unclear how long the patient has been taking Neurontin. While there is evidence of neuropathic pain, there is no clear documentation of objective benefit obtained from continued Neurontin use. Therefore, the request for Neurontin 600 mg #60 was not medically necessary.

Toradol 60mg injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs non-steroidal anti-inflammatory drug-Toradol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG state that Toradol is indicated in management of moderately severe acute pain which requires analgesia at the opioid level. It is not indicated for chronic painful conditions. However, there is no documentation to suggest that there is any acute interval injury that would benefit from Toradol usage. The patient has an original injury date of 2002 and at this point this is a chronic condition. Therefore, the request for Toradol 60 mg injection was not medically necessary.