

<b>Case Number:</b>	CM14-0193852		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	08/09/2007
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 34-year-old female with an 8/9/07 date of injury. The injury occurred when she was lifting boxes of copy paper and felt a pinch in her back. According to a progress report dated 12/9/14, the patient presented with chronic low back and right lower extremity pain. Symptoms and depression continued to worsen. She reported pain relief and functional improvement with Norco and gabapentin. According to a 6/11/14 progress note, the patient was referred for surgical consultation for lumbar radiculopathy not responsive to epidural injection last performed on 5/12/11. Objective findings: moderate tenderness at bilateral L4-5, L5-S1 levels with discomfort in the right lower extremity in an L5, S1 pattern, decreased pinprick sensation in the right lower extremity and an L4, L5 pattern with hyporeflexia noted in the right extremity. Magnetic resonance imaging (MRI) is positive for broad based disc protrusion at L4-5 with bilateral contact of the L5 nerve root. Diagnostic impression: low back pain, lumbar radiculopathy, lumbar disc displacement, lumbar disc degeneration, sciatica. Treatment to date: medication management, activity modification, TENS unit, chiropractic treatment, injections. A UR decision dated 11/6/14 denied the request for right L4-L5 transforaminal epidural steroid injection and modified the requests for Norco from 180 tablets to 60 tablets and Gabapentin from 90 tablets to 30 tablets for weaning purposes. Regarding ESI, the clinical information does not unequivocally describe a radiculopathy on both physical examination and imaging/EDS. Furthermore, results of previous injections must be documented to show at least fifty percent reliefs for 6-8 weeks. Regarding Gabapentin and Norco, the medical necessity for the continued use has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L4-L5 Transforaminal Epidural Steroid Injection (ESI): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Epidural Steroid Injections.

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

**Decision rationale:** 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 present case, it is noted that this injured worker was not responsive to epidural injection last performed on 5/12/11. In addition, there is reference to an MRI that showed broad based disc protrusion at L4-5 with bilateral contact of the L5 nerve root. However, the date and official MRI report were not provided. Furthermore, there is no documentation of failure of conservative measures of treatment. Therefore, the request for Right L4-L5 Transforaminal Epidural Steroid Injection (ESI) is not medically necessary.

**Pharmacy Purchase Norco 10/325mg Qty 180: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

**Decision rationale:** 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, in the medical records provided for review, there is no documentation of significant pain reduction, in terms of VAS scores, or improved activities of daily living. In addition, given the 2007 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. Therefore, the request for Pharmacy Purchase Norco 10/325mg Qty 180 is not medically necessary.

**Gabapentin 600mg Qty 90: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AED).

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be "effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." In the present case, it is noted that this patient has a diagnosis of lumbar radiculopathy and there are objective findings of neurologic dysfunction. Guidelines support the use of gabapentin to treat neuropathic pain. In addition, the patient reported pain relief and functional improvement from the use of Gabapentin. Therefore, the request for Anti-Epilepsy Drugs is medically necessary.