

Case Number:	CM14-0195600		
Date Assigned:	12/03/2014	Date of Injury:	09/26/2000
Decision Date:	01/20/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/21/2014

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:

The patient is a 75-year-old male who has submitted a claim for lumbar radiculopathy associated with an industrial injury date of 9/26/2000. Medical records from 2012 to 2014 were reviewed. The patient complained of low back pain radiating to the left lower extremity associated with weakness. This has resulted to dragging of the left leg during ambulation. The pain was rated 8/10 in severity, and was relieved to 6/10 with medications. He reported that previous epidural steroid injections resulted to greater than 60% relief, with associated decrease of oral pain medications use. Tramadol failed to provide symptom relief, hence the prescription for Norco. The patient was able to lift 5 pounds, walk 4 blocks, sit for 30 minutes, stand for 30 minutes and perform household tasks with medication use. Physical examination showed limited lumbar motion, negative lumbar facet loading test, positive straight leg raise test on the left, antalgic gait, weakness of left lower extremity muscles rated 5-/5, symmetrical DTRs, and diminished sensation over the L4 and L5 dermatomes, left. The MRI of the lumbar spine, dated 8/14/2009, showed mild multi-level lumbar intervertebral degenerative disc disease most significantly affecting the L4-L5 level. It has significant disc space narrowing and mild central canal stenosis due to a combination of marked facet hypertrophy bilaterally and a small broad-based disc bulge. Treatment to date has included 16 lumbar epidural steroid injections between 2006 and 2012, lumbar medial branch block neurotomy, physical therapy, chiropractic care, electrical stimulation, and medications such as Norco (since 2012), Neurontin (since 2012), Rozerem, Lidoderm patch, tramadol, Colace and Senokot-S. The utilization review from 10/22/2014 denied the request for left TFESI at L4-L5 and L5-S1 because of no evidence of decreased oral medication use attributed to previous ESI; modified the requests for Norco 10/325mg, #60 into #35 and Neurontin 300mg, #120 into #50 for the purpose of weaning because of worsening pain despite medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left TFESI (transforaminal epidural steroid injection) at L4-L5 and L5-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 9792.20 - 9792.26, Epidural Steroid Injection Page(s): 46.

Decision rationale: As stated on page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection (ESI) is indicated among patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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. In this case, the patient complained of low back pain radiating to the left lower extremity associated with weakness. This has resulted to dragging of the left leg during ambulation. Physical examination showed limited lumbar motion, negative lumbar facet loading test, positive straight leg raise test on the left, antalgic gait, weakness of left lower extremity muscles rated 5-/5, symmetrical DTRs, and diminished sensation over the L4 and L5 dermatomes, left. The MRI of the lumbar spine, dated 8/14/2009, showed mild multi-level lumbar intervertebral degenerative disc disease most significantly affecting the L4-L5 level. It has significant disc space narrowing and mild central canal stenosis due to a combination of marked facet hypertrophy bilaterally and a small broad-based disc bulge. The patient underwent 16 lumbar epidural steroid injections between 2006 and 2012. He reported that previous epidural steroid injections resulted to greater than 60% relief with associated decrease of oral pain medications use hence the request for a repeat ESI. However, there is no evidence of decreased oral medication use due to consistent prescription of pain medications based on the medical records submitted. The guideline criteria for a repeat injection have not been met. Therefore, the request for 1 left TFESI (transforaminal epidural steroid injection) at L4-L5 and L5-S1 is not medically necessary.

1 prescription of Norco 10/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects,

physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient complained of low back pain radiating to the left lower extremity associated with weakness. Norco is prescribed since 2012 due to failure of tramadol to provide complete pain relief. The pain was rated 8/10 in severity and relieved to 6/10 with medications. The patient was able to lift 5 pounds, walk 4 blocks, sit for 30 minutes, stand for 30 minutes and perform household tasks with medication use. The guideline criteria for continuing opioid therapy have been met. Therefore, the request for 1 prescription of Norco 10/325mg #60 is medically necessary.

1 prescription of Neurotin 300mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2., Anti-Epilepsy Drugs Page(s): 16-17.

Decision rationale: As stated on pages 16 - 17 of CA MTUS Chronic Pain Medical Treatment Guidelines, antidepressants, such as pregabalin and gabapentin, are recommended as a first line option for neuropathic pain, i.e., painful polyneuropathy. In this case, the patient complained of low back pain radiating to the left lower extremity associated with weakness. The pain was rated 8/10 in severity and relieved to 6/10 with medications. The patient was able to lift 5 pounds, walk 4 blocks, sit for 30 minutes, stand for 30 minutes and perform household tasks with medication use. Clinical manifestations are consistent with neuropathy and significant functional benefits have been derived from antidepressant therapy. Therefore, the request for 1 prescription of Neurontin 300mg #120 is medically necessary.