

Case Number:	CM14-0200432		
Date Assigned:	12/10/2014	Date of Injury:	04/20/2009
Decision Date:	02/26/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabn

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 52 year old male with an injury date of 04/20/09. The 11/06/14 progress report states that the patient presents with worsening back and bilateral leg pain. The patient is unable to work until further evaluation. Examination of the lumbar spine reveals pain to palpation over L5-S1 with decreased range of motion secondary to pain. Motor strength is 4/5 proximally and distally in the bilateral lower extremities with diminished sensation to light touch in the right lower extremity with positive straight leg raising in the bilateral lower extremities that causes pain radiating to the dorsal aspect of the bilateral feet. There is also pain to palpation of the bilateral SI joints and positive Faber test bilaterally with positive impingement testing of both hips with extreme range of motion. The 08/13/14 X-ray lumbar is included and provides an impression of multilevel mild to moderate chronic degenerative changes of the lumbar spine. On 11/06/14 the treater states the following about this imaging study, "The actual images demonstrate the fusion at L5-S1 to be intact. The implants are in good position. However, the adjacent level demonstrates areas of significant foraminal stenosis at L4-5, especially on the lateral view. The x-rays are not completely showing the foraminal stenosis." The treater states a CT scan is required. The 08/26/14 CT lumbar is included and provides the following impressions: 1. L4-L5: There has been anterior and posterior fusion at this level. 2. L3-L4: There is a broad-based bulge (5 mm) which, in conjunction with facet hypertrophy and ligamentum flava laxity and the above-described grade 1 retrolisthesis of L3 on L4, contributes to moderate-several bilateral neural foraminal and central canal narrowing more prominent now than on prior study. 3. There is a transition lumbosacral vertebral body which for the purposes

of this report was referred to as a slight sacralized L5. This report states, "As such, the intervertebral disc seen on axial source image #66 of series 4 was referred to as L3-L4. The numbering scheme appears to match that employed in the written report of the prior lumbar spine MRI of July 13, 2009. The patient's diagnoses include: 1. Status post L5-S1 lumbar fusion with subsequent improvement and stabilization of the pain 2. Spinal cord stimulation for neuropathic pain 3. Recurrent pain worsening, likely as a result of adjacent pathology at L4-5. CT scan indicated (cannot obtain an MRI due to spinal cord stimulator) 4. Radiculopathy/radiculitis, worsening despite conservative care, medications, physical therapy and pain management. 5. Bilateral sacroiliitis 6. Transition segment. For purposes of clarification of the numbering of the levels. The lower level has been referred to either L5-S1 or L4-L5 therefore he has had only one level of fusion the lowest mobile segment with was referred to as L5-S1 previously, the current CT is referred to as L4-L5 next line is the same level, the next level above the fusion is referred to as L3-L4 which is the same as L4-L5. On 11/06/14 the treater states the patient has a complex history. He is status post lumbar fusion L5-S1 performed 09/28/10 and 09/29/10. EMG performed 01/24/10 demonstrated chronic bilateral L5-S1 radicular neuropathic pain. Following trial, spinal cord stimulator insertion was performed 06/20/12. Following treatment for infection in the pocket where the battery generator is located, the patient feels the stimulator is working very well and there is no sign of infection however, there is continued lower back pain and baseline neuropathic leg pain bilaterally. Per the 09/25/14 report, the patient states that his diabetes is out of control as his insulin has run out. The treater also prescribed the use of a lumbar support. Refilled medications are listed as Norco for severe pain, Omeprazole for GI symptoms, and Cymbalta for leg pain. The utilization review being challenged is dated 11/19/14. The rationale regarding ESI is that there is no evidence of recent conservative care such as physical therapy. Reports were provided from 01/16/14 to 11/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-L4 transforaminal epidural steroid injection (ESI): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46-47.

Decision rationale: The patient presents with worsening "back" and "bilateral leg" pain. The current request is for BILATERAL L3-L4 TRANSFORAMINAL EPIDURAL STEROID INJECTION (ESI) per 11/06/14 report. MTUS pages 46 and 47 state that Epidural Steroid Injections are recommended as an option for the treatment of radicular pain with corroborative findings for radiculopathy. MTUS further states that for diagnostic purposes a maximum of two injections should be performed. For the therapeutic phase, repeat blocks should be based on continued documented pain and functional improvement. On 11/06/14 the treater states the request is for L3-4 (the level above the fusion which is also referred to as L4-L5, this is the same level.) The patient's chronic radicular symptoms are well documented. Examination shows

"positive straight leg raise in the bilateral lower extremities." MRI cannot be obtained due to the patient's spinal cord stimulator. 08/26/14 CT scan shows "L3-L4 5mm broad based bulge" with moderate to severe neural foraminal and central canal narrowing." There is no evidence of a prior ESI for this patient. In this case, lower back pain with bilateral radiculopathy has been documented by imaging and examination findings. The request IS medically necessary.

Norco 10/325 mg, 180 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Opioids Section.

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

Decision rationale: The patient presents with worsening back and bilateral leg pain. The current request is for NORCO 10/325 mg, 180 COUNT (Hydrocodone an opioid) per 11/06/14 report. 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 adverse 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. The reports provided show the patient was taking this medication on 01/16/14. On 05/22/14 the treater states Norco is being slowly tapered. The 07/03/14 report states the medication was discontinued; however, the 07/16/14-11/06/14 reports show the patient was again prescribed the medication. Regarding the 4A's, the patient's pain is not routinely assessed through the use of pain scales. No specific ADL's are mentioned to show a significant change with use of this medication. Opiate management issues are addressed. On 07/03/14 the treater states all narcotics are discontinued due to an inconsistent UDS report. However, this report does show the patient continued use of Tramadol (an opioid analgesic) at this time. The reports do show the patient exhibits no adverse side effects and shows the patient is counseled about the use of opioids. In this case, there is not sufficient documentation of analgesia and ADL's to support long-term opioid use as required by MTUS. The request IS NOT medically necessary.

Omeprazole 20 mg, thirty count with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with worsening back and bilateral leg pain. The current request is for OMEPRAZOLE 20 mg, THIRTY COUNT WITH THREE REFILLS per the 11/06/14 report. The reports show the patient has been using this medication since at least 07/03/14. MTUS Guidelines NSAIDs, GI symptoms and cardiovascular risk, Page 69 state

omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The treater states that this medication is for GI symptoms. However, the reports provided, show no discussion of GI symptoms in this patient. There is no indication the patient is prescribed an NSAID, and there is no GI assessment as required by MTUS. Furthermore, the treater does not state whether or not Omeprazole helps this patient. The MTUS guidelines on page 60 require that the physician record pain and function when medications are used for chronic pain. The request IS NOT medically necessary.

Cialis 20 mg, fifteen count with two refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website www.drugs.com/pro/cialis.html

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AETNA Guidelines Clinical Polity Bulletin No. 0007 FDA indications/boxed label.

Decision rationale: The patient presents with worsening back and bilateral leg pain. The current request is for CIALIS 20 mg, FIFTEEN COUNT WITH TWO REFILLS (Tadalafil) per report of unknown date. The 11/19/14 utilization review states the RFA is dated 11/06/14; however, the RFA is not included. MTUS, ODG and ACOEM are silent on Cialis. FDA indications/boxed label state that CIALIS is approved to treat erectile dysfunction. AETNA Guidelines Clinical Polity Bulletin No. 0007 regarding erectile dysfunction state that a comprehensive physical/examination and lab workup for the diagnosis of erectile dysfunction (ED) including medical, sexual, and psychosocial evaluation is required. The treater does not discuss this request in the reports provided. There is no documentation of erectile dysfunction in this patient. Long-term opioid use is documented; however, there is no evidence of a low testosterone level. Hypo-gonadism is not discussed. Furthermore, performance enhancing drugs such as Cialis are not typically supported by the guidelines. The request IS NOT medically necessary.