

Case Number:	CM14-0202728		
Date Assigned:	12/15/2014	Date of Injury:	11/23/1999
Decision Date:	01/30/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/04/2014

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 Family Practice and is licensed to practice in New Jersey. 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 injured worker is a 50 year old male who suffered a work related injury on 08/05/99 and 11/25/99. He was diagnosed with lumbar radiculopathy, discogenic pain, right knee interarticular pathology, and lumbar facet pathology. He was also diagnosed with anxiety and depression. He was treated with lumbar surgery, injections, and medications. On 10/22/2014, the worker was seen by his primary treating physician for followup. He complained of back stiffness, numbness, in the right and left leg, paravertebral muscle spasms, radicular pain in the left leg, weakness in right and left leg, sharp pain and hip pain. Back and hip flexion and extension worsens pain as well as hip rotation. Standing and sitting worsens pain. Back pain is rated as 7/10 and is described as burning constant, sharp, stabbing, tearing, throbbing, shooting, pressure, pinching, and intense. Medication regimen included aspirin, clonazepam gabapentin, lisinopril, metoprolol, and Norco. Physical examination findings included slightly decreased strength of the left leg, left leg decreased sensation (L4, L5, S1 dermatomes), positive FABER maneuver bilaterally, and tenderness of lumbar facet joints. He was then requested to continue the following medications: gabapentin, clonazepam, and Flexeril, and was also recommended an epidural steroid injection, lumbar MRI, and "DRDB".

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Gabapentin 300mg #360 with 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22.

Decision rationale: The MTUS Guidelines state that antiepilepsy drugs (or anti-convulsants) are "recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain." If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. In the case of this worker, there was no reported symptomatic change when comparing before the start of gabapentin and after it was used daily, according to the notes available for review. Also, there was no report on the functional benefit from its use since it was started, which is required before consideration of continuation can be made. Therefore, the gabapentin at the dose requested and taken (300 mg, 4 tabs three times daily) is not medically necessary.

1 prescription of Clonazepam 1mg #90 with 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The MTUS Guidelines for Chronic Pain state that benzodiazepines are not "recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use, and as the efficacy of use long-term is unproven." The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. In the case of this worker, he had been using clonazepam chronically leading up to this request for renewal. It is unclear as to why the worker required this medication for daily use in such a chronic way. Presumably it was part of his treatment for his anxiety, although this was not clear from the notes available for review. Regardless, this type of medication is not recommended for long-term use; therefore, this request is not medically necessary to continue.

1 DRBD: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back section, facet joint injections.

Decision rationale: The MTUS Guidelines do not address facet joint injections. The ODG suggests that for a diagnosis of facet joint pain, tenderness over the facet joints, a normal sensory examination, absence of radicular findings (although pain may radiate below the knee), and normal straight leg raising exam are all requirements of the diagnosis. If evidence of hypertrophy encroaching on the neural foramen is present then only two out of the four requirements above may allow for an accurate diagnosis of facet joint pain. The ODG also discusses the criteria that should be used in order to justify a diagnostic facet joint injection for facet joint disease and pain, including 1. One set of diagnostic medial branch blocks with a response of greater or equal to 70% and lasting for at least 2 hours (lidocaine), 2. Limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally, 3. Documentation of failure of conservative treatments for at least 4-6 weeks prior, 4. No more than 2 facet joints injected in one session, 5. Recommended volume of no more than 0.5 cc per joint, 6. No pain medication from home should be taken at least 4 hours prior to diagnostic block and for 4-6 hours afterwards, 7. Opioids should not be given as a sedative during procedure, 8. IV sedation is discouraged, and only for extremely anxious patients, 9. Pain relief should be documented before and after a diagnostic block, 10. Diagnostic blocks are not to be done on patients who are to get a surgical procedure, and 11. Diagnostic blocks should not be performed in patients that had a fusion at the level of the planned injection. In the case of this worker, there was insufficient evidence to suggest this would have been an appropriate procedure. Although there was some evidence for radiculopathy and MRI was not yet performed. Therefore, the "DRDB" would be premature and not medically necessary.

Epidural Steroid Injections (ESI): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: The MTUS Guidelines state that epidural steroid injections are "recommended as an option for treatment of lumbar radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and can offer short term pain relief, but use should be in conjunction with other rehab efforts, including continuing a home exercise program." The criteria as stated in the MTUS Guidelines for epidural steroid injection use for chronic pain includes the following: 1. radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, 2. Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants), 3. Injections should be performed using fluoroscopy for guidance, 4. If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections, 5. no more than two nerve root levels should be injected using transforaminal blocks, 6. no more than one interlaminar level should be injected at one session, 7. in the therapeutic phase, 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, and 8. Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase, and instead only up to 2 injections are recommended. In the case of this worker, there was evidence of radiculopathy, however, the MRI was not yet performed (requested same day), and so injections of any kind would be considered premature and not medically necessary.

1 prescription of Flexeril 5mg #60 with 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a "second-line option for short-term treatment of acute exacerbations of chronic pain," but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was evidence of chronic use of Flexeril leading up to this request. However, there was no evidence to suggest this worker had an acute flare-up of muscle spasm, and the request was clearly for long-term chronic use continuation, which is not a recommended use of this type of medication. Therefore, the Flexeril is not medically necessary to continue.