

Case Number:	CM15-0001698		
Date Assigned:	01/12/2015	Date of Injury:	04/11/2011
Decision Date:	03/11/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/05/2015

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 & Rehabilitation

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 44 year old male with an injury date of 04/11/11. Based on the 05/07/14 progress report provided by treating physician, the patient complains of lumbar spine pain radiating to the left side to the leg. Patient is status post lumbar laminectomy 07/11, date unspecified. Physical examination to the lumbar spine on 05/07/14 revealed tenderness to palpation to paravertebral musculature and moderate facet tenderness at L4-S1. Range of motion was decreased, especially on extension by 10 degrees. Based on the 05/07/14 progress report, patient had a Left L4-L5 and L5-S1 transforaminal epidural steroid injection on 04/10/14 with 80% improvement in his activity level. Patient underwent left S1 transforaminal epidural steroid injection on 09/10/14 with 50-60% improvement of his numbness and tingling to his calves and feet, per progress report dated 11/12/14. Patient's medications include Norco, Fioricet, Fexmid and Neurontin per RFA form dated 10/28/14. Neurontin was prescribed in progress reports 10/28/14 and 11/21/14. Patient is to return to modified work. Diagnosis 05/07/14- Status post lumbar laminectomy- Lumbar disc disease- Lumbar radiculopathy- Bilateral sacroiliac joint arthropathy The utilization review determination being challenged is dated 12/04/14. The rationale follow: 1) "... there has been no documentation of the required 30% improvement and the records had reported worsening back pain while previously taking Neurontin..." 2) "... the patient had one epidural injection..." and "... the patient's pain level without medication is 9/10 and has not had a decrease in pain medications since the last epidural steroid injection..." Treatment reports were provided from 12/18/13 - 12/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16-20.

Decision rationale: The patient presents with lumbar spine pain radiating to the left side to the leg. The request is for NEURONTIN 300 MG # 90. Patient is status post lumbar laminectomy 07/11, date unspecified. Physical examination to the lumbar spine on 05/07/14 revealed tenderness to palpation to paravertebral musculature and moderate facet tenderness at L4-S1. Patient's diagnosis on 05/07/14 included status post lumbar laminectomy, lumbar disc disease, lumbar radiculopathy, bilateral sacroiliac joint arthropathy. Patient is to return to modified work. MTUS has the following regarding Gabapentin on pg 18, 19: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater has not discussed reason for the request. Neurontin was prescribed in progress reports 10/28/14 and 11/21/14. Per progress report dated 10/28/14, it appears Neurontin is being initiated, as there is no prior record indicating the use of this medication. Given the patient's symptoms, diagnosis of lumbar radiculopathy and continued pain, a trial of Neurontin may benefit the patient. Therefore, the request IS medically necessary.

1 left S1 lumbar spine ESI with a pain management specialist: Upheld

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

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

Decision rationale: The patient presents with complains of lumbar spine pain radiating to the left side to the leg. The request is for 1 LEFT S1 LUMBAR SPINE ESI WITH A PAIN MANAGEMENT SPECIALIST. Patient is status post lumbar laminectomy 07/11 - exact date not specified. Physical examination to the lumbar spine on 05/07/14 revealed tenderness to palpation to paravertebral musculature and moderate facet tenderness at L4-S1. Patient's diagnosis on 05/07/14 included lumbar disc disease, lumbar radiculopathy, and bilateral sacroiliac joint arthropathy. Patient is to return to modified work. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46, 47 "radiculopathy must be documented by physical examination

and corroborated by imaging studies and/or electrodiagnostic testing." For repeat ESI, MTUS states, "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." ODG guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Epidural steroid injections (ESIs), therapeutic', state that "At the time of initial use of an ESI (formally referred to as the "diagnostic phase" as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections." Patient has had two lumbar epidural steroid injections, one ESI on 04/10/14 with 80% improvement in his activity level, per progress report dated 05/07/14, and another on 09/10/14 with 50-60% improvement of his numbness and tingling to his calves and feet, per progress report dated 11/12/14. However, no functional improvements are documented along with medication reduction as required by MTUS. Furthermore, no imaging studies or electrodiagnostic studies were provided clearly demonstrating a diagnosis of radiculopathy. MTUS requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The request does not meet guideline indications. Therefore, the request IS NOT medically necessary.