

Case Number:	CM15-0002344		
Date Assigned:	01/13/2015	Date of Injury:	03/05/2010
Decision Date:	03/20/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/06/2015

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: New York
 Certification(s)/Specialty: Emergency Medicine

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 55 year-old male who has reported back pain after an injury on 3/5/2010. The diagnoses include mid back and coccyx pain, lumbar facet arthritis, lumbar degenerative disc disease, and radiculopathy. The lumbar spine MRI on 12/20/13 showed multilevel spondylosis, with no specific nerve root impingement. Treatment has included medications, trigger point injections, physical therapy, and epidural steroid injections. The 2014 reports from the primary treating physician and the pharmacy requests show ongoing prescribing of Soma in addition to the other medications listed in the reports and those now under Independent Medical Review. No reports discuss the specific results and benefits of any single medication. Medical reports provide stereotyped information found in each report as well as general references to unspecified benefit from current treatment. Reports show ongoing back pain which is moderate to severe. All reports state that pain severely restricts all activities. The report of 4/30/14 states that the last epidural steroid injections provided 4 months of 50% pain relief, with pain now increasing. Lyrica was increased at that visit. Functional improvement from the epidural steroid injection was not discussed. Pain on 6/25/14 radiated to both legs in the L4-S1 distribution. On 8/4/14 bilateral L4-5 and L5-S1 epidural steroid injections were given. The report of 8/29/14 refers to epidural steroid injections performed on 8/4/14. Functional improvement after those injections was not described. A steroid trigger point injection was given. Per the PR2 of 11/25/2014, the injured worker requested a trigger point injection. There was ongoing pain which severely interfered with all activities of daily living and psychological status. The listed medications were Cymbalta, Celexa, Percocet, MS Contin, Neurontin, Valium, Prilosec, and Robaxin. The back was diffusely

tender with spasm. There were no neurological deficits. The treatment plan included gentle exercise, continued chronic pain medication, epidural steroid injection, and an injection was administered. Oxycodone was stopped and Norco was prescribed along with Valium and Lyrica. There was no work status, no discussion of the specific results and indications for any medication, and no discussion of the functional benefit for any treatment. On 12/30/2014, Utilization Review evaluated prescriptions for MS Contin 15 mg BID #60, Valium 5 mg QD #30, Lyrica 150 mg BID #60, and Neurontin 300 mg 4 PO BID #240. The Utilization Review physician noted the lack of evidence of objective functional improvement and an adequate pain assessment for MS Contin. The guidelines do not recommend the use of benzodiazepines for long term use. There was not a documented diagnosis consistent with the guidelines for use of Lyrica. Lastly, there was no treatment history or duration of use documented for Neurontin. The MTUS and the Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5, L5-S1, Transforaminal ESI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs) Page(s): 46.

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

Decision rationale: The MTUS, chronic pain section, page 46 describes the criteria for epidural steroid injections. Epidural injections are a possible option when there is radicular pain caused by a radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. This injured worker does not meet the MTUS criteria for an epidural steroid injection. There are insufficient clinical findings of radiculopathy, such as dermatomal sensory loss or motor deficits correlating with a specific lesion identified by objective testing. The MRI shows no nerve root compression and there are no clinical findings which correlate with the MRI. The radiating symptoms are essentially stocking-glove in distribution. The MTUS recommends that any repeat injection be considered based on the degree of pain relief and functional improvement 6-8 weeks after the initial injection. Sufficient functional improvement did not occur after the prior epidural steroid injections. There was no functional improvement described per the criteria in the MTUS. There is also concern regarding the quantities of steroid given in the epidural steroid injections and trigger point injections during 2014. This injured worker has been given enough steroid to risk long-term toxicity. An epidural injection is not medically necessary based on the MTUS indications which are not met in this case.

MS Contin 15mg BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 54-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction; indications, Chronic back pain; Mec.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Work status is not addressed. Function is described as severely affected by pain. No reports show specific functional improvement benefit from use of this medication. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence of a drug testing program. As currently prescribed, MS Contin does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Valium 5mg QD #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Muscle Relaxants Page(s): 24, 66.

Decision rationale: No reports discuss the specific indications or results for this medication. The treating physician has not provided a sufficient account of the functional benefit for this medication. The MTUS does not recommend benzodiazepines for long term use for any condition. The MTUS does not recommend benzodiazepines as muscle relaxants. Valium has been prescribed chronically without specific, stated indications or benefit. Valium is not prescribed according the MTUS and is not medically necessary.

Lyrica 150mg TID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin; Anti-Epilepsy Drugs; Medication trials Page(s): 16-21, 60, 99.

Decision rationale: Per the MTUS, pregabalin is recommended for neuropathic pain, specifically neuropathic pain resulting from diabetes or post-herpetic conditions. The medication has also been approved for fibromyalgia. There is no good evidence in this case for neuropathic pain or any of the aforementioned conditions. There are no physician reports which adequately address the specific symptomatic and functional benefit from the AEDs used to date. Note the criteria for a "good" response per the MTUS. None of the reports show any specific benefit, and all the reports state that pain severely affects all activities. Pregabalin is not medically necessary based on the lack of any clear indication, and the lack of significant symptomatic and functional benefit from its use to date.

Robaxin 750mg BID #60: 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.

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred consistently over the last year. The quantity prescribed implies long term use, not a short period of use for acute pain. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. All reports state that pain severely affects all activities. Per the MTUS, Robaxin is not indicated and is not medically necessary.

Neurontin 300mg 4 PO BID #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin; Anti-Epilepsy Drugs; Medication trials Page(s): 16-21, 49, 60.

Decision rationale: Per the MTUS, gabapentin is recommended for neuropathic pain. There is no good evidence in this case for neuropathic pain, specifically neuropathic pain caused by diabetes or post-herpetic infections. The documentation does not support the IW has any of these medical conditions. There are no physician reports which adequately address the specific symptomatic and functional benefit from the AEDs used to date. Note the criteria for a "good" response per the MTUS. None of the reports show any specific benefit, and all the reports state that pain severely affects all activities. Gabapentin is not medically necessary based on the lack of any clear indication, and the lack of significant symptomatic and functional benefit from its use to date.