

Case Number:	CM15-0103949		
Date Assigned:	06/08/2015	Date of Injury:	10/19/2009
Decision Date:	07/13/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/29/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 57 year old female who sustained an industrial injury on 10/19/2009. Current diagnoses include degeneration of lumbar or lumbosacral intervertebral disc and thoracic or lumbosacral neuritis or radiculitis. Previous treatments included medications, acupuncture and aqua therapy. Previous diagnostic studies include urine toxicology screening, x-rays and MRI of the lumbar spine. The 2012 MRI of the lumbar spine showed degenerative disc disease without nerve impingement. Report dated 04/10/2015 noted that the injured worker presented with complaints that included low back pain, leg pain, and increased weakness and numbness in her left leg. Pain level was 3 out of 10 (low back pain) and 6 out of 10 (leg pain) on a visual analog scale (VAS) with medications. Physical examination was positive for decreased lumbar range of motion with pain, noted stiffness and guarding, deconditioned, decreased strength, decreased sensation, and positive straight leg raise on the left. The treatment plan included a discussion of opioid limits, risks and precautions associated with narcotic medications were discussed, prescribed Lyrica, request for lumbar epidural steroid injection, request for additional acupuncture, request for Lidocaine patches, and follow up in one month. Disputed treatments include Lyrica and a lumbar epidural steroid injection. The last UDS was inconsistent with negative test for prescribed Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75 mg Qty 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica, no generic available) Page(s): 19-20, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Anticonvulsants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that anticonvulsants can be utilized for the treatment of neuropathic and radicular pain syndrome. The records show that the patient had subjective and objective findings consistent with diagnosis of neuropathy. The patient is compliant with utilization of Lyrica. There is no documented adverse effect. The criteria for the use of Lyrica 75mg # 30 is medically necessary.

Epidural Steroid Injection, Lumbar spine, L5-S1 (sacroiliac) Qty 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.29.5 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that epidural steroid injections can be utilized for the treatment of lumbar radiculopathy that did not respond to conservative treatment with medications and therapy. The records indicate that the patient reported significant pain relief with low VAS scores down to 2/10 following aquatherapy, acupuncture and medication management. The guidelines recommend that patient proceed to home exercise program after completion of supervised treatments. The MRI did not show findings consistent with disc bulge causing nerve impingement. The criteria for lumbar epidural steroid injection at L5-S1 #1 was not medically necessary.