

Case Number:	CM15-0104287		
Date Assigned:	06/08/2015	Date of Injury:	09/16/2010
Decision Date:	07/08/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/01/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

The injured worker is a 33-year-old, male who sustained a work related injury on 9/16/10. The diagnoses have included herniated nucleus pulposus of lumbar spine with stenosis, lumbar spine facet arthropathy, lumbar radiculopathy and ongoing psychiatric and psychological issues. Treatments have included 24 chiropractic treatments, 20 physical therapy visits, 12 acupuncture sessions, lumbar epidural injections, home exercises and medications. In the PR-2 dated 4/8/15, the injured worker complains of aching and stabbing low back pain. He has occasional tingling down both legs to feet, right greater than left. He states his activity level is limited due to pain. He rates this pain level a 6/10. He has tenderness to touch of lumbar spine. He has decreased range of motion in lumbar spine. He has had significant benefit with epidural injections in the past. The treatment plan includes a recommendation for a bilateral selective nerve root block at S1 and refills of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral selective nerve root block at S1: 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 Epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injection.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, bilateral selective nerve root block S1 is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electro diagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory and muscle relaxants); 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 6 to 8 weeks. etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. etc. See the guidelines for details. In this case, the injured worker's working diagnoses are HMP lumbar spine stenosis; facet arthropathy lumbar spine; lumbar radiculopathy; ongoing psychiatric and psychological issues. The injured worker received two prior lumbar epidural steroid injections (the last ESI was November 2012). The November 2012 ESI provided 30% pain relief for 4 to 6 months. Objectively on physical examination according to a May 7, 2015 progress note, there was a subtle sensory radiculopathy with decreased sensation. MRI showed retrolisthesis L4-L5 with narrowing of the left lateral recess at L4-L5 and slight contact bilateral S1 nerve roots and L5-S1. The guidelines recommend at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. The documentation indicates a 30% pain improvement and no documentation of reduction in medication use for 6 to 8 weeks. Repeat injections are based on continued objective documented pain relief. Consequently, absent clinical documentation of 50% pain relief with an associated reduction of medications for 6 to 8 weeks and guideline recommendations regarding repeat injections and objective functional improvement, bilateral selective nerve root block S1 is not medically necessary.

Topamax tab 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 21.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) AED, Topamax.

Decision rationale: Pursuant to the Official Disability Guidelines, Topamax 50 mg #60 is not medically necessary. Topamax is an antiepileptic drug recommended for neuropathic pain, but not somatic pain. Topamax has been shown to have variable efficacy with failure to demonstrate efficacy in neuropathic pain of a central ideology. It is still considered for use of neuropathic pain when other anticonvulsants failed. In this case, the injured worker's working diagnoses are HNP lumbar spine stenosis; facet arthropathy lumbar spine; lumbar radiculopathy; ongoing psychiatric and psychological issues. The documentation indicates the injured worker has been

taking Topamax as far back as March 4, 2015 through May 7, 2015 for headaches. The start date for Topamax is unclear based on the medical record documentation available for review. There is no documentation indicating objective functional improvement with ongoing Topamax.

Topamax is considered for use after other anticonvulsants have failed. There is no documentation of prior anticonvulsants (first-line agents). Consequently, absent clinical documentation of first-line anticonvulsants and objective functional improvement to support ongoing Topamax, Topamax 50 mg #60 is not medically necessary.