

Case Number:	CM15-0164288		
Date Assigned:	09/01/2015	Date of Injury:	10/05/2001
Decision Date:	10/13/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/21/2015

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: Anesthesiology

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 55 year old male, who sustained an industrial injury on October 5, 2001. He reported low back pain radiating to the upper back. The injured worker was diagnosed as having chronic pain, lumbosacral spondylosis, lumbosacral neuritis and lumbago. Treatment to date has included diagnostic studies, chiropractic care, medications and weight management. Currently, the injured worker continues to report low back pain. The injured worker reported an industrial injury in 2001, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on February 13, 2015, revealed continued chronic low back pain. He rated his pain at 6 on a 1-10 scale with 10 being the worst. He reported medications provided 50% relief of pain and he noted he was working full time. Medications including Norco, Gabapentin and Etodalac were continued as well as a home exercise plan and a weight reduction program. Evaluation on April 13, 2015, revealed continued pain as noted. He rated his pain at 5-6 on a 1-10 scale with 10 being the worst. Medications were continued. Evaluation on June 12, 2015, revealed continued symptoms as noted. He rated his pain at 6 on a 1-10 scale with 10 being the worst. He reported bending down to dry his legs and experiencing increased back pain since. Evaluation on July 10, 2015, revealed continued pain as noted. He continued to rate his pain at 5-6 on a 1-10 scale with 10 being the worst. Medications, the home exercise program and full duty work were continued. Norco 10/325mg #90 with 1 refill, Gabapentin 600mg #30 with 2 refills, Etodolac 300mg #90 with 2 refills and 1 Epidural Steroid Injection were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no documentation of significant pain relief or increased function from the opioids used to date. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Gabapentin 600mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Gabapentin (Neurontin).

Decision rationale: According to the California (CA) MTUS Guidelines, Gabapentin is shown to be effective for the treatment of diabetic neuropathy and post-herpetic neuralgia and has been considered a first line treatment for neuropathic pain. The documentation provided did not include evidence of improved function or documentation of efficacy of the medication. Ongoing assessments of pain and function supported with tools of measurement were provided and did not support ongoing benefit from the medication including decreased pain and increased function over the period of time the medication was prescribed. Medical necessity for the requested medication is not established. The requested medication is not medically necessary.

Etodolac 300mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs.

Decision rationale: Etodolac (Lodine) is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. According to the California MTUS Guidelines, NSAIDs reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The ODG states that NSAIDs are recommended for acute pain, acute low back pain (LBP), short-term pain relief in chronic LBP, and short-term improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In this case, there was no rationale provided which explained the request for Etodolac. There was no documentation of objective benefit from use of this medication. In addition, Etodolac has been found to be similar to two other low risk drugs, Ibuprofen and Naproxen. Medical necessity of the requested medication, Etodolac, has not been established. The requested medication is not medically necessary.

1 Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ESIs.

Decision rationale: Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 ESI injections. Research has shown that, on average, less than two injections are required for a successful ESI outcome. ESIs can offer short-term pain relief and use should be in conjunction with other rehab efforts. The purpose of ESIs is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. CA MTUS guidelines state radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and

muscle relaxants). Other criteria for ESIs include, no more than 2 nerve root levels to be injected using transforaminal blocks, or more than one (1) intralaminar level injected per session. In this case, there are no objective findings on physical exam or corroborating diagnostic findings of radiculopathy. MTUS and ODG guidelines do not support treatment with lumbar ESIs in the absence of radiculopathy. Medical necessity for the requested service has not been established. The requested epidural steroid injection is not medically necessary.