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| Case Number: | CM15-0181968 | | |
| Date Assigned: | 10/01/2015 | Date of Injury: | 03/24/2015 |
| Decision Date: | 12/04/2015 | UR Denial Date: | 08/28/2015 |
| Priority: | Standard | Application Received: | 09/15/2015 |

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, California
 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:

The injured worker is a 56 year old male, who sustained an industrial injury on 03-24-2015 after a fall which caused him to sustain a head injury and multiple contusions including injuries to the neck, shoulder and back as well as stress and anxiety from the incident. He has reported subsequent head, neck, bilateral upper extremity, back and bilateral lower extremity pain and was diagnosed with fall with closed head injury, chronic neck pain with numbness and tingling, low back pain with gait difficulty, ambulatory dysfunction with weakness in the left leg greater than the right leg. MRI of the lumbar spine revealed left L5-S1 disc protrusion abutting the left S1 and S2 nerve roots and causing moderate neuroforaminal narrowing and endplate degenerative changes at L4-L5 and L5-S1. Treatment to date has included oral and topical pain medication, application of heat and cold, physical therapy, psychologic therapy and surgery. Omeprazole was noted as having been prescribed as a regular medication prior to the injury but the reason for prescription is unclear. Norco, Naproxen, Neurontin and Lidocaine patches were prescribed since the injured worker's discharge from the hospital in April 2015. Work status was documented as temporarily totally disabled. The injured worker underwent a left hemilaminectomy and microdiscectomy of L5-S1 in April 2015. The injured worker underwent a psychological evaluation on 05-06-2015 and was diagnosed with posttraumatic stress disorder and adjustment disorder with anxious and depressed mood and recommended cognitive behavioral therapy and psychiatric medication. The injured worker was also experiencing difficulty sleeping. In a progress note on 08-05-2015, the physician noted that the injured worker reported that medications continued to reduce pain level with minimal side effects and that with

the reduction of pain the injured worker had improved function and was able to do more inside and outside the house such as basic household activities of daily living such as cooking, cleaning and shopping with increased endurance and tolerance and more emotional stability. The injured worker also reported impaired ability to sleep without medication. Pain was rated as 8 out of 10 without medications and 6 out of 10 with medications. In a progress note dated 08-18-2015, the injured worker reported continued neck pain, headaches, urinary incontinence and low back pain. Objective examination findings revealed cervical facet tenderness of C2-C5, spinous process tenderness on L5 and S1, positive straight leg raising test on both side in the supine position, slightly decreased pinprick test at L5 and S1 bilaterally, ankle jerk of 0 out of 4 on both sides, patellar jerk of 2 out of 4 on both sides and tenderness to palpation of the acromioclavicular joint and biceps groove of the shoulders. A request for authorization of transforaminal lumbar epidural steroid injection L5-S1, referral to spine surgeon for cervical cord compression, Lidocaine 5% patch (700mg patch) apply 2 patches q12 hours on and q12 hours off Qty: 60 with 3 refills, Amitriptyline HCL 10mg 1 tab q hs #30 with 3 refills, Gabapentin 300mg 1 tab tid #90 with 3 refills, Hydrocodone-Acetaminophen 10-325mg 1 tab bid prn #60, Metaxalone 800mg 1 tab q hs prn muscle spasm #30 with 3 refills, Naproxen 500mg 1 tab bid with food #60 with 3 refills and Omeprazole DR 20mg 1 tab q12 hours #60 with 3 refills was submitted. As per the 08-28-2015 utilization review, the request for Amitriptyline was modified to certification of 30 tablets with no refills, the request for Gabapentin was modified to certification of 90 tablets with no refills, the request for Hydrocodone-Acetaminophen was modified to certification of #30, the request for Metaxalone was modified to certification of #15 and the requests for Lidocaine patches, Omeprazole and Naproxen were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Lumbar Epidural Steroid Injection L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Examination, Special Studies, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: CA MTUS chronic pain guidelines recommends epidural injections when a patient has symptoms, physical examination findings, and radiographic or electrodiagnostic evidence to support a radiculopathy. In this case, the IW previously had surgical treatment to this area. The most recent provider notes do not document ongoing radicular symptoms or physical findings. With this, the documentation does not support ongoing radicular pain. Without the support for ongoing radiculopathy, the request for epidural steroid injection is not medically necessary. The ACOEM Guidelines cited above recommend against trigger point injections, ligamentous injections, and facet joint injections, for example. Other kinds of injections are addressed in other guidelines. The MTUS for chronic pain states that epidural steroid injection is only for very specific radiculopathies shown by objective means. A specific radiculopathy has not been described to date in this injured worker. The pending

electrodiagnostic testing may help to define this condition. As it stands now, there is not an adequate basis on which to refer this injured worker for an unspecified injection and the referral is therefore not medically necessary.

Referral to Spine Surgeon for Cervical Cord Compression: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Follow-up Visits, Surgical Considerations, and Low Back Complaints 2004, Section(s): Follow-up Visits, Surgical Considerations.

Decision rationale: According the above referenced guideline, surgical spinal referral is indicated for: patients who have: Persistent, severe, and disabling shoulder or arm symptoms. Activity limitation for more than one month or with extreme progression of symptoms. Clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term Unresolved radicular symptoms after receiving conservative treatment. The IW has previously had spinal surgery in the lumbar area. Documentation does not support previously spinal surgeon evaluation of the cervical spine. The documentation does not include clear imaging or electrophysiologic evidence to support a surgical lesion. There is no radiographic evidence of a cervical lesion or subjective and objective evidence of radicular symptoms. Without the support of the documentation or compliance with the guidelines, the request for a cervical spine surgeon referral is not medically necessary.

Lidocaine 5% patch (700mg/patch) apply 2 patches q12 hours on and q12 hours off Qty: 60 with 3 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): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: According to CaMTUS guidelines, Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Topical lidocaine, in the formulation of a dermal patch Lidoderm patch the only commercially approved topical formulations of lidocaine for indicated neuropathic pain. For non-neuropathic pain, lidocaine is not recommended. The documentation does not support the IW has post-herpetic neuralgia. The request does not indicate the location of patches on the IW's body. Without the support of the documentation or adherence to guidelines, the request is determined not medically necessary.

Amitriptyline HCL 10mg 1 tab q hs #30 with 3 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): Amitriptyline, Tricyclics.

Decision rationale: According to CaMTUS, amitriptyline is a tricyclic antidepressant is considered first line treatment for neuropathic pain. Indications include central post stroke pain, post herpetic neuralgia, diabetic polyneuropathy, and post mastectomy pain. The IW does not have these diagnoses. Documentation supports the IW has been taking amitriptyline, but not discuss specific response to this medication. The current request includes 3 refills which does not support close follow-up for ongoing symptom relief with this medication. Without this documentation, the request for amitriptyline is not medically necessary.

Gabapentin 300mg 1 tab tid #90 with 3 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 rationale: According to CA MTUS, gabapentin is an anti-epilepsy drug which has efficacy for diabetic neuropathy or post-herpetic neuropathy. It has also been considered a first line agent for neuropathic pain. There is not sufficient evidence to recommend the use of these medications for the treatment of chronic non-specific, non-neuropathic axial low back pain. Ongoing use of these medications recommends "documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." The IW does not have diabetic neuropathy or post-herpetic conditions. The documentation reports improvement of pain with the use of medications, but specific responses to individual medications is not noted in the record. Additionally, the request included 3 refills which does not support ongoing monitoring of symptom improvement. Without this documentation, the request for gabapentin is not medically necessary in accordance with MTUS guidelines.

Hydrocodone/Acetaminophen 10-325mg 1 tab bid prn #60: 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, criteria for use, Opioids for chronic pain, Opioids, specific drug list.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. The IW is on several medications to treat pain. The documentation supports improvement with "medications, but the documentation does not support specific improvement related to the use of this medication. There is not toxicology report included in the record. Without the support of the documentation or adherence to the guidelines, the request for opiate analgesia is not medically necessary.

Metaxalone 800mg 1 tab q hs prn muscle spasm #30 with 3 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): Metaxalone (Skelaxin), Muscle relaxants (for pain).

Decision rationale: CA MTUS guideline states muscle relaxers should be used "as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." Guidelines further state "Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time." With respect to Metaxalone, guidelines state "recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. Metaxalone is a muscle relaxant that is reported to be relatively non-sedating." There is not documentation to support the IW's response to use of Metaxalone. As noted, the guidelines recommend use for exacerbations. The documentation supports ongoing use of this muscle relaxant. There is no documentation of an exacerbation of previous or new injury. The request includes 3 refills which supports long term use. Without the support of the guidelines or adherence with the guidelines, the request is determined not medically necessary.

Naproxen 500mg 1 tab bid w/food #60 with 3 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), NSAIDs, specific drug list & adverse effects.

Decision rationale: According to CA MTUS chronic pain guidelines, Naproxen is a nonsteroidal anti-inflammatory drug that is used for the treatment of osteoarthritis. Further stated, non-steroidal anti-inflammatory agents are "recommended as an option for short term symptomatic relief" for the treatment of chronic low back pain. It is recommended that the lowest dose be utilized for a minimal duration of time. The documentation does not document a diagnosis of osteoarthritis. Improvement of symptoms specifically to the use of NSAIDs currently prescribed is not documented. The request is medically not necessary.

Omeprazole DR 20mg 1 tab q12 hours #60 with 3 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), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to CA MTUS, gastrointestinal protectant agents are recommended for patients that are at increased risk for gastrointestinal events. These risks include age >65, history of gastrointestinal bleeding or peptic ulcers, concomitant use of NSAIDs and corticosteroids or aspirin, or high dose NSAID use. The chart does not document any of these risk factors. Past medical history does not include any gastrointestinal disorders, there is no history of poor tolerance to NSAIDs documented and there are not abdominal examinations noted in the chart. Omeprazole is not medically necessary based on the CaMTUS guidelines.