

Case Number:	CM15-0182357		
Date Assigned:	09/23/2015	Date of Injury:	12/06/2006
Decision Date:	11/18/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/16/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 58 year old female who sustained an industrial injury on 12-6-06. Diagnoses are noted as cervical radiculopathy, C6-7 disc, T10-11 compression fracture, lumbar radiculopathy, and L3-4 and L4-5 disc bulge. Previous treatment includes MRI-lumbar spine 3-5-15, L3-L5 epidural local anesthetic and steroid injections 8-3-15, urine toxicology screening 7-23-15, physical therapy, and medication. A report dated 2-22-12 notes she is permanently and totally disabled. In a progress report dated 7-9-15, the treating physician notes complaints of neck pain that radiates to the arms and hands in C6-7 distribution and low back pain that radiates to her right greater than left legs to lateral thighs (L4). Neck pain is rated 9 out of 10 and with medication is 5 out of 10. Low back pain is rated 8 out of 10 and with medication is 4-5 out of 10. Pain ratings are unchanged from what was reported on the progress report dated 4-23-15. Exam of the neck reveals Spurling's is positive, sensation is decreased in the left arm in C6 distribution to the thumb and index and there is decreased grip strength. Exam of the lumbar spine reveals a positive straight leg raise bilaterally at 60 degrees, sensation is decreased at the posterior thigh at L5 and strength is decreased at the flexor hallucis longus. The physician notes the MRI of the lumbar spine shows L3-4 (3mm) herniated nucleus pulposus with a tear, L4-5 (3mm) and the chest x-ray demonstrates T6-T11 compression fracture. The treatment plan is L3-5 epidural steroid injection, home based exercise program, refill Norco #90, Flexeril #60, Gabapentin three times a day, a urine toxicology screen was done, and re-evaluate in one month. The requested treatment of Gabapentin 300mg #90 was modified to Gabapentin 300mg #45, Flexeril #60 was modified to Flexeril 10mg #30, Norco 10-325mg #90 was modified to Norco

10-325mg #45, and epidural steroid injection under fluoroscopic guidance L3-L4 and L4-L5 was denied on 9-2-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300 mg, ninety count: Overturned

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: The MTUS states that gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There documentation of functional improvement. I am reversing the previous utilization review decision. Gabapentin 300 mg, ninety count is medically necessary.

Flexeril 10 mg, sixty count: 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): Cyclobenzaprine (Flexeril).

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as Cyclobenzaprine. The patient has been taking Cyclobenzaprine for an extended period, long past the 2-3 weeks recommended by the MTUS. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. Flexeril 10 mg, sixty count is not medically necessary.

Norco 10/325 mg, ninety count: Overturned

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 rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. The patient reported significant functional improvement and pain relief with the continued use of Norco. I am reversing the previous utilization review decision. Norco 10/325 mg, ninety count is medically necessary.

Epidural steroid injection under fluoroscopic guidance, L3-L4 and L4-L5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The medical record does contain documentation of radiculopathy which is corroborated by imaging studies, but the records indicate this patient underwent an epidural injection to the lumbar spine in August of 2015 and no documentation of functional improvement or pain relief as a result was noted. Epidural steroid injection under fluoroscopic guidance, L3-L4 and L4-L5 is not medically necessary.