

<b>Case Number:</b>	CM15-0184026		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	01/08/2014
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: 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 47 year old male, who sustained an industrial injury on January 8, 2014. Medical records indicate that the injured worker is undergoing treatment for lumbar radiculopathy, lumbar spondylosis, sacroilitis and myofascial pain syndrome. The injured worker was currently not working. On (8-5-15) the injured worker complained of low back pain rated 4 out of 10 on the visual analogue scale. The pain was described as sore, achy and sharp. Associated symptoms included numbness in the left buttock and left lower extremity. The pain was aggravated by physical activity, bending, twisting, sitting, standing and walking. Examination of the lumbar spine revealed bilateral paraspinous and sacroiliac joint tenderness. A lumbar facet-loading maneuver caused pain. Left lower extremity examination revealed normal strength and tone. A straight leg raise test was positive for pain. Sensation was intact. Treatment and evaluation to date has included medications, MRI, electrodiagnostic studies, lumbar epidural steroid injections and physical therapy. The progress note dated (8-24-15) notes that physical therapy makes the injured workers pain worse and the epidural steroid injections provided no change. Current medications include Horizant, Hydrocodone-Acetaminophen and Meloxicam. Medications tried and failed include Gabapentin and Lyrica. Current treatment requests include Horizant 300 mg # 30 and a left transforaminal epidural steroid injection to lumbar three-four and lumbar four-five. The Utilization Review documentation dated 8-31-15 non-certified the requests for Horizant 300 mg # 30 and a left transforaminal epidural steroid injection to lumbar three-four and lumbar four-five.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Horizant 300 mg QD #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007, and Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: Horizant (gabapentin enacarbil ER).

**Decision rationale:** MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines, Gabapentin Encarbil is not recommended as a first-line agent. Horizant (gabapentin encarbil extended release) is FDA approved for treatment of restless legs syndrome. It is not the same formulation as regular gabapentin with no evidence to support use of Horizant for neuropathic pain conditions or fibromyalgia. Patient has yet to fail 1st line medication. Horizant is not medically necessary.

**Left transforaminal epidural steroid injection L3-4 and L4-5 with sedation:** 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 rationale:** As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may be recommended if it meets criteria. 1) Goal of ESI: ESI has no long term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. The documentation fails to provide rationale for LESI. There is no long-term plan. Fails criteria. 2) Unresponsive to conservative treatment. There is no appropriate documentation of prior conservative therapy attempts. Patient has not had benefit from gabapentin or Lyrica but no other conservative measures include 1st line medications for claimed radicular pain has been attempted. Fails criteria. 3) Radiculopathy as defined by MTUS guidelines. Documentation fails to document appropriate neurological findings supported by imaging and electrodiagnostic criteria for radiculopathy. Fails criteria. 4) Patient has ESIx2 in the past with no benefit. Fails criteria. Patient fails multiple criteria for lumbar epidural steroid injection. In addition, IV sedation is not recommended by American Society of Anesthesiologists for simple nerve blocks or injections without good indication. Lumbar epidural steroid injection with sedation is not medically necessary.