MAXIMUS Federal Services

Case Number:	CM15-0201172		
Date Assigned:	10/16/2015	Date of Injury:	05/11/2006
Decision Date:	11/25/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/13/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 62 year old male, who sustained an industrial injury on 5-11-2006. The injured worker is being treated for chronic severe low back pain and right greater than left leg pain, multilevel degenerative disc disease and spondylosis, lumbar stenosis, myofascial pain and spasm, depression due to pain and poor sleep hygiene. Treatment to date has included diagnostics and medications. Per the Initial Comprehensive Pain Management Evaluation dated 8-20-2015, the injured worker reported chronic low back pain with associated numbness, tingling and weakness to the right leg. Spasms are reported in the right side of the lower back. Currently he is utilizing tramadol ER and reports having to avoid sex, bowling and basketball as a result of the pain. He is able to go to church or movies. Current medications on 9/24/15 progress note include Tramadol and Voltaren gel, Gabapentin, Clonidine, hydrocodone, Lyrica, Nucynta ER, and Trazodone. Objective findings of the lumbar spine included paralumbar muscle spasms, an antalgic gait, and significant weakness of the bilateral lower extremities due to pain. Per the medical records dated 7-17-2015 to 8-20-2015 there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level attributed to the current treatment. The notes from the provider do not document efficacy of the prescribed medications Work status was temporarily totally disabled. The plan of care included, and authorization was requested on 9-25-2015 for right transforaminal epidural steroid injection L4-5, Nucynta ER 50mg #60, Lyrica 75mg #60, Neurontin 300mg #90 and Tramadol 50mg #90. On 10-02-2015, Utilization Review non-certified the request for right transforaminal epidural steroid injection L4-5, trial of Nucynta ER 50mg #60 and trial of Lyrica 75mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right transforaminal epidural injection at L4 and L5: Upheld

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

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

Decision rationale: Right transforaminal epidural injection at L4 and L5i s not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that one of the criteria for the use of epidural steroid injections is that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation does not indicate physical exam findings of radiculopathy in the proposed area for epidural steroid injection. For this reason, the request for epidural steroid injection is not medically necessary.

Trial of Nucynta ER 50mg 1 every 12 hours as needed #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Tapentadol (Nucynta).

Decision rationale: Trial of Nucynta ER 50mg 1 every 12 hours as needed #60 is not medically necessary per the MTUS and the ODG Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The ODG states that Tapentadol (Nucynta) is recommended only as second line therapy for patients who develop intolerable adverse effects with first line opioids. The documentation does not indicate that the patient has intolerable side effects with first line opioids. The documentation indicates on 9/24/15 that Nucynta was one of the patient's current medications. There is no evidence of objective increase in function from prior Nucynta use. For these reasons Nucynta ER is not medically necessary.

Trial of Lyrica 75mg 1-2 at bedtime #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

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) Pain- Pregabalin (Lyrica).

Decision rationale: Trial of Lyrica 75mg 1-2 at bedtime #60 is not medically necessary per the MTUS Guidelines. The MTUS states that Pregabalin (Lyrica, no generic available) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Lyrica is recommended per the ODG in neuropathic pain conditions and for Fibromyalgia. The documentation reveals that the patient is already on Gabapentin which is first line for neuropathic pain. There is no indication in the documentation submitted that Lyrica has caused an increase in function therefore this request is not medically necessary.