

Case Number:	CM15-0202008		
Date Assigned:	10/16/2015	Date of Injury:	09/04/2005
Decision Date:	12/21/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/14/2015

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 57 year old male injured worker suffered an industrial injury on 9-4-2005. The diagnoses included lumbar herniated disc, chronic mid back pain, and lumbar radiculopathy. On 8-7-2015 the treating provider reported ongoing neck and back pain with right upper extremity and right lower extremity symptoms. The neck pain was rated 6 out of 10 that radiated to the left side of his mid back and radiated numbness and tingling down the bilateral upper extremities to the fingers. The low back pain was rated 6 to 9 out of 10 with burning pain in the left leg with weakness and numbness in the bilateral lower extremities to the left foot and right calf. He was using a back brace and cane for mobility. The injured worker reported using the medications of Norco, Tramadol, Gabapentin and Lidopro cream that decreased the pain from 8 out of 10 to 6 out of 10. On exam the gait was markedly altered and used a cane. There was tenderness to the lumbar spine with spasms. Prior treatment included right knee replacement without relief, left knee cortisone injections which worsened the pain, 5 session of chiropractic therapy without relief, 6 session of acupuncture with relief of neck pain but no relief of back pain and aqua therapy with relief. Diagnostics included lumbar magnetic resonance imaging 7-25-2013 and electromyography studies 12-4-2014 that revealed left sacral radiculopathy and active denervation. The CURES report and urine drug screens were consistent with no aberrant drug behavior noted. The provider reported the request for epidural injection was for diagnostic and therapeutic reasons as he had failed conservative care with right foraminal narrowing with radiculopathy. The medical record did not include an evaluation of functional performance with treatment or evidence of an evaluation of the knees or the need by an orthopedic consultant. The

Utilization Review on 10-07-2015 determined non-certification for Transforaminal Epidural Steroid Injection, Right L4-5 & L5-S1, Gabapentin 600 Mg #120, Norco 10-325 Mg #120, Ultram ER 200 Mg #30, CM4-CAPS 0.05% + Cyclo 4% and Follow Up with Orthopedic Re: Knees In 2 Months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection, Right L4-5 & L5-S1: 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): Epidural steroid injections (ESIs).

Decision rationale: CA MTUS recommends epidural injections when a patient has symptoms, physical examination findings, and radiographic or electrodiagnostic evidence to support a radiculopathy. In this case, the radiographic findings did support findings supportive of radiculopathy including a nerve root impingement. Electrodiagnostic studies included in the chart material also supported the findings. The IW reports radicular symptoms and consistent findings were documented on exam. With the clarity of the documentation, the request for Transforaminal Epidural Steroid Injection, Right L4-5 & L5-S1 is medically necessary.

Gabapentin 600 Mg #120: 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 does not include dosing frequency. Without this documentation, the request for gabapentin is not medically necessary in accordance with MTUS guidelines.

Norco 10/325 Mg #120: 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, 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 has been on this medication for a minimum of 6 months. The documentation does not discuss symptom relief or functional improvement with this medication. In addition, the request does not include dosing frequency or duration. There is no discussion of toxicology tests included in the record. The request for Norco is not medically necessary.

Ultram ER 200 Mg #30: 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 neuropathic pain.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of opiate 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. Tramadol is recommended for the treatment of moderate to severe pain. It is not recommended as a first line agent for treatment. The chart materials do not include a list of all the analgesic medications currently used or the IW response to each medication. There is not discussion of the IW functional status in relation to the different medications. It is unclear how long the IW has been taking Tramadol. The chart does not include urine drug screens. With the absence of this supporting documentation, the request for Tramadol is not medically necessary.

CM4-CAPS 0.05% + Cyclo 4%: 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): Topical Analgesics.

Decision rationale: CA MTUS chronic pain guidelines, topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines also state "Many agents are compounded as monotherapy or in combination for pain control... There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug that is not recommended is not recommended." Two of the included compounds in the requested medication is Gabapentin and cyclobenzaprine. MTUS guidelines states that gabapentin and muscle relaxants are not recommended as there is no peer-reviewed literature to support its use. Additionally, the request does not include dosing frequency, location of application or duration. The request is not medically necessary.

Follow Up W/ Orthopedic Re: Knees In 2 Months: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter: Office Visit.

Decision rationale: CA MTUS is silent on this issue. The above cited guideline states "office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment." The most recent orthopedic visit does not discuss a change in the plan of care following the visit for knee pain. There are no new treatments being trialed or changes to behavior recommended. It is unclear why a follow-up visit is being requested as there are no new interventions recommended. Without supporting documentation, the request for a follow-up orthopedic appointment in 2 weeks is not medically necessary.