

Case Number:	CM15-0032798		
Date Assigned:	03/10/2015	Date of Injury:	10/01/2013
Decision Date:	04/14/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/23/2015

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: Texas, New York, 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 applicant is a represented 59-year-old [REDACTED] employee who has filed a claim for chronic low back pain, chronic neck pain, and posttraumatic headaches reportedly associated with an industrial injury of October 1, 2013. In a utilization review report dated February 23, 2015, the claims administrator failed to approve a request for epidural steroid injection therapy, Protonix, Butrans, and Lyrica. The claims administrator referenced an RFA form of January 20, 2015 in its determination. The applicant's attorney subsequently appealed. On December 23, 2014, the applicant reported ongoing complaints of neck pain, low back pain, and headaches. The applicant denied any radiating arm pain. The applicant was using Butrans and Lyrica. Upper extremity paresthesias were reported. The applicant's complete medication list included Butrans, Lyrica, Protonix, senna, an unspecified topical compound, and Colace. Non-operative treatment was proposed. The applicant's work status was not detailed. The attending provider did perform x-rays of the cervical spine, which reportedly demonstrated moderate-to-severe disc space narrowing at C6-C7. In a Medical-Legal Evaluation dated August 1, 2014, it was suggested that the applicant was working as a hospital registrar with restrictions in place. The medical-legal evaluator stated that he did not believe that the applicant's condition was as yet permanent and stationary. The applicant had apparently missed one month of work over the course of the claim, it was suggested. In a March 29, 2015 progress note, the applicant reported heightened pain complaints, 8/10, with radiation of the low back pain to the left leg. It was stated that the applicant was nevertheless deriving appropriate analgesia from ongoing medication consumption. It was stated that the applicant was working an 8-hour workday.

Butrans, Lyrica, Colace, senna, and Protonix were renewed, as were the applicant's work restrictions. A functional capacity evaluation was also apparently ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection with 2 week follow up: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: No, the request for an epidural steroid injection was not medically necessary, medically appropriate, or indicated here. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in the treatment of radicular pain, preferably that which is radiographically and/or electrodiagnostically confirmed, in this case, however, clear electrodiagnostic or radiographic corroboration of radiculopathy was not attached. It is not clearly established whether the request represented a first-time request for epidural steroid injection therapy or whether the request represented a first-time request for the same. Therefore, the request was not medically necessary.

Protonix 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: Conversely, the request for Protonix, a proton-pump inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton-pump inhibitors such as Protonix are indicated to combat issues with NSAID-induced dyspepsia. Here, a progress note of March 20, 2015 did suggest that the applicant was experiencing issues with dyspepsia and/or GI upset, seemingly ibuprofen-induced. Usage of Protonix, a proton-pump inhibitor, thus, was indicated to combat the same. Therefore, the request was medically necessary.

Butrans Patch 20mcg #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26.

Decision rationale: Conversely, the request for Butrans patches was not medically necessary, medically appropriate, or indicated here. While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that buprenorphine (Butrans) is indicated to treat opioid addiction and/or is recommended for chronic pain purposes in applicants who have previously detoxified off of opioids, in this case, however, there is no mention of the applicant as having previously detoxified off of opioids. There was likewise no mention of the applicant's intention of employing Butrans for the purposes of weaning or tapering off opioids altogether. Usage of Butrans, here, thus, amounts to usage of Butrans for a non-MTUS-endorsed role. Therefore, the request was not medically necessary.

Lyrica 75mg #90: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Anti-epilepsy drugs (AEDs), Pregabalin (Lyrica).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 99.

Decision rationale: The request for Lyrica, an anticonvulsant adjuvant medication, was medically necessary, medically appropriate, and indicated here. As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, pregabalin or Lyrica is FDA approved in the treatment of diabetic neuropathic pain and/or postherpetic neuralgia and, by analogy, is considered a first-line treatment for other neuropathic pain issues. Here, the applicant does have ongoing radicular (neuropathic) pain. The applicant was consistently described as exhibiting ongoing issues with low back pain radiating to the leg. The attending provider did suggest that ongoing medication consumption, including ongoing Lyrica consumption, had attenuated the applicant's radicular pain complaints, ameliorated the applicant's ability to walk, and/or facilitate the applicant's ability to return to work. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.