

Case Number:	CM15-0058959		
Date Assigned:	04/21/2015	Date of Injury:	10/01/2013
Decision Date:	06/30/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/27/2015

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: Physical Medicine & Rehabilitation

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 60 year old male, who sustained an industrial injury on 10/1/13. The injured worker has complaints of lower back pain with intermittent cramping, shooting pain radiating into left leg. The diagnoses have included degeneration of lumbar intervertebral disc; lumbar radiculopathy and sciatica. Treatment to date has included cervical X-rays; physical therapy; home exercises; aqua therapy; butrans patch; protonix and lyrica. The request was for (L) L5-S1 transforaminal epidural steroid injection with 2 Week Follow-up; butrans patch; lyrica and protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

(L) L5-S1 Transforaminal Epidural Steroid Injection with 2 Week Follow-up: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: Per the 02/17/15 Progress report the requesting physician states that patient presents with increased lower back pain with pain radiating into the left leg. Pain is continuing in the left L5-S1 dermatomes. The patient's listed diagnoses include Lumbar radiculopathy. The current request is for (L) L5-S1 Transforaminal Epidural Steroid Injections with 2 Week Follow up per the 02/17/15 report. The RFA is not included. The patient is working part time with restrictions. MTUS pages 46 and 47 states that Epidural Steroid Injections are recommended as an option for the treatment of radicular pain with corroborative findings for radiculopathy. MTUS further states that for diagnostic purposes a maximum of two injections should be performed. For the therapeutic phase, repeat blocks should be based on continued documented pain and functional improvement. Criteria for the use of Epidural steroid injections include the following: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the patient presents with radicular symptoms; however, the reports provided for review shows dysesthesia over the lateral calves and feet and the interscapular region. However, recent reports do not document motor, sensory, or DTR deficiencies. There is not mention of SLR. Furthermore, no corroborating MRI studies or electrodiagnostic studies are cited or included for review. The 11/10/14 report contains a request for a Caudal ESI; however, there is no evidence that the patient received this treatment. In this case, sufficient clinical evidence to support ESI has not been provided. The request is not medically necessary.

Butrans Patch 20 meg/ hour #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation <http://www.purduepharma.com/pi/prescription/ButransPI.pdf>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88-89.

Decision rationale: Per the 02/17/15 Progress report the requesting physician states that patient presents with increased lower back pain with pain radiating into the left leg. The patient's listed diagnoses include Lumbar radiculopathy. The current request is for Butrans Patch 20 meg/hour #4 per the 02/17/15 report. The RFA in not included. The patient is working part time with restrictions. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided for review show the patient has been prescribed Butrans patch since at least 08/27/14. Recent reports state that this medication is prescribed for chronic pain and that lying down and heat relieve pain. However, the treating physician does not document how Butrans patch helps the patient. The MTUS guidelines require much more thorough documentation of analgesia with before and after pain scales and functional improvements with opioid usage. It is noted the patient is working part-time; however, no other specific ADL's are mentioned to show a significant change with use of this medication. Opiate management issues are addressed. The 09/15/14 report states that

a UDS is to be run and that CURES was checked. Side effects of medications are discussed. In this case, Analgesia has not been documented as required by the MTUS guidelines. The request is not medically necessary.

Lyrica 75 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <http://www.odg-twc.com>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Lyrica: Pregabalin Medications for chronic pain Page(s): 19-20, 60. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, Pregabalin.

Decision rationale: Per the 02/17/15 Progress report the requesting physician states that patient presents with increased lower back pain with pain radiating into the left leg. The patient's listed diagnoses include Lumbar radiculopathy. The current request is for LYRICA 75 mg #90 per the 02/17/15 report. The RFA is not included. The patient is working part time with restrictions. MTUS Guidelines, pages 19-20, have the following regarding Lyrica: "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." It further states, "Weaning: Do not discontinue pregabalin abruptly and weaning should occur over 1-week period. Withdrawal effects have been reported after abrupt discontinuation." ODG, Pain Chapter, Pregabalin, states, "This Cochrane review concluded that pregabalin has proven efficacy in neuropathic pain conditions and fibromyalgia." "There is no evidence to support the use of pregabalin in acute pain scenarios." The treating physician states this medication is prescribed for radiculopathy. The ODG guidelines state that Lyrica is indicated for neuropathic pain conditions that are documented for this patient. However, the patient has been prescribed this medication since at least 09/15/14, and no recent reports state whether or not the medication helps the patient. The MTUS guidelines on page 60 require that the physician record pain and function when medications are used for chronic pain. In this case, the request is not medically necessary.

Protonix 20 mg #60: Upheld

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 and cardiovascular risk Page(s): 69.

Decision rationale: Per the 02/17/15 Progress report the requesting physician states that patient presents with increased lower back pain with pain radiating into the left leg. The patient's listed diagnoses include Lumbar radiculopathy. The current request is for Protonix 20 mg #60 per the 02/17/15 report. The RFA is not included. The patient is working part time with restrictions. MTUS Guidelines NSAIDs, GI symptoms and cardiovascular risk, Page 69 state omeprazole is

recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Pantoprazole is a PPI similar to omeprazole. The 02/24/15 report states the patient has drug induced gastroenteritis with a recent ER visit and that Protonix is prescribed for drug induced GI upset. No evidence is provided that the patient is currently prescribed an NSAID. Currently prescribed medications include: Butrans patch, Pennsaid, Lyrica, Amrix, Simethicone and Senna. In this case, no GI assessment is provided as required by the MTUS guidelines. Furthermore, this medication has been prescribed since at least 01/18/15 and the treating physician does not state whether or not Protonix helps the patient. The MTUS guidelines on page 60 require that the physician record pain and function when medications are used for chronic pain. The request is not medically necessary.