

Case Number:	CM15-0059105		
Date Assigned:	04/03/2015	Date of Injury:	06/05/2014
Decision Date:	06/02/2015	UR Denial Date:	03/04/2015
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: 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 46-year-old male who reported an injury on 06/05/2014. The mechanism of injury was not specifically stated. The current diagnoses include status post work related back injury, lower lumbar spine degenerative disc disease with foraminal stenosis and persistent severe low back pain with bilateral radicular pain. The injured worker presented on 03/02/2015 for a follow-up evaluation. It was noted that the injured worker had been previously treated with physical therapy and medication. The injured worker reported constant throbbing and stabbing low back pain radiating into the right lower extremity causing a burning sensation. The injured worker was status post right L4 and L5 transforaminal epidural steroid injection on 09/11/2014 without an improvement in symptoms. It was also noted that the injured worker had been evaluated by a spine surgeon who recommended an additional lumbar epidural injection as opposed to surgical intervention. The current medication regimen includes Celebrex 200 mg, Neurontin 300 mg, and Norco 5/325 mg. The physical examination revealed no acute distress, an antalgic gait, an inability to perform tiptoe and heel walking due to low back pain and right leg weakness, full range of motion of the bilateral lower extremities, decreased lumbar range of motion, positive straight leg raise on the right, 4/5 motor weakness on the right, and decreased sensation in the right lateral and front thigh and leg. On palpation, there was tenderness at the lower lumbar paraspinal muscle without muscle spasm. Treatment recommendations included a left L4 and right L5 transforaminal epidural steroid injection under fluoroscopic guidance, a refill of the current medication regimen, and continuation of the home exercise program. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4 and right L5 TFESI under fluoroscopy guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation AMA Guides.

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

Decision rationale: California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, it was noted that the injured worker had been previously treated with physical therapy and medication. However, there were no official imaging studies or electrodiagnostic reports submitted for review to corroborate a diagnosis of radiculopathy. In addition, the provider noted the injured worker had been previously treated with a transforaminal epidural steroid injection at the L4 and L5 level in 09/2014 without an improvement of symptoms. Guidelines recommend a repeat block based on continued objective documented pain and functional improvement, including at least 50% pain relief with an associated reduction of medication use for 6 to 8 weeks. Given the above, the request is not medically necessary at this time.

Celebrex 200mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines recommend Celebrex for the relief of signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. The injured worker does not maintain any of the above mentioned diagnoses. It is also noted that the injured worker has continuously utilized the above medications since at least 09/2014 without any evidence of objective functional improvement. The request as submitted failed to indicate the specific frequency and quantity. Given the above, the request is not medically necessary.

Neurontin 300mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin; Anti-epilepsy drugs (AEDs) Page(s): 16-17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: California MTUS Guidelines recommend Neurontin for neuropathic pain. In this case, it is noted that the injured worker has continuously utilized the above medication since at least 11/2014 without any evidence of objective functional improvement. The injured worker continues to present with persistent pain in the lower back radiating into the right lower extremity causing a burning sensation with difficulty walking. There is no documentation of objective functional improvement despite the ongoing use of this medication. There is also no frequency or quantity listed in the request. Given the above, the request is not medically necessary.

Norco 5/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Opioids, criteria for use, On-going Management Page(s): 76-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized the above medication since at least 11/2014. There is no documentation of objective functional improvement. There is no evidence of a written consent or an agreement for the chronic use of an opioid. In addition, the request as submitted failed to indicate the specific frequency and quantity. As such, the request is not medically necessary.