

Case Number:	CM14-0127498		
Date Assigned:	09/29/2014	Date of Injury:	02/10/1978
Decision Date:	10/29/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/11/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 77-year-old male who reported an injury on 02/10/1978. The mechanism of injury reportedly occurred while he was digging a trench. His diagnoses were chronic low back pain and spinal stenosis of the lumbar spine with neurogenic claudication. His treatments included a walker and medications. His diagnostics included x-rays and a CT scan of the lumbar spine. It was noted that he had a multilevel spinal fusion and other multiple surgeries. On 07/24/2014, the injured worker reported low back and discomfort. He reported that prior to his last visit, he had a left shoulder steroid injection, and it still seemed to help his back pain by about 10% to 15%. Also, he complained of mild dysesthesia bilateral posterior calves that was mildly worse. The physical examination revealed normal reflexes and altered light touch below the calf bilaterally. The manual motor testing revealed the hip flexion was 4/5, hip abduction was 5/5, knee extension was 5/5, and ankle dorsiflexion was +4/5. It was also noted that he displayed a Babinski sign on the left side. His medications were gabapentin, Lidoderm patch, and tramadol. The treatment plan was for a caudal epidural injection x1, gabapentin no quantity given, and Lidoderm patch. The rationale for the injection was that the injured worker noticed improvement after a steroid given for a nonindustrial condition in the past. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal epidural injection (x1): Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria for the use of epidural steroid injections includes documented radiculopathy by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must initially be unresponsive to conservative treatment to include exercises, physical methods, NSAIDs, and muscle relaxants. The injured worker complained of low back pain on the right side that radiated into his lower extremity. It was noted that he was status post fusion of L1-2 and L3-5. He reported having 10% to 15% pain relief with the previous left shoulder steroid injection. The guidelines indicate that radiculopathy findings must be corresponding to imaging studies and/or electrodiagnostic testing, which a CT scan of the lumbar spine demonstrated evidence of severe spinal stenosis at the adjacent level of L2-3, which the physical examination revealed altered light touch below calf bilaterally. His patellar and Achilles reflexes were equal and had a normal motor testing to hip abduction and knee extension, but 4/5 strength of hip flexion. Consideration of an epidural steroid injection requires being initially unresponsive to conservative treatment, such as exercises, physical methods, NSAIDs, and muscle relaxants; however, there was insufficient documentation that specified whether or not he had trialed and failed conservative treatment. Although the injured worker reportedly got 10% to 15% of pain relief with a previous injection, the guidelines indicate that at least 50% pain relief must be noted with a reduction in pain medications. Furthermore, the request failed to provide a specific injection site as ordered. As such, the request for caudal epidural injection (1) is not medically necessary.

Gabapentin (no quantity given): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16, 18-19.

Decision rationale: According to the California MTUS Guidelines, Gabapentin is shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment of neuropathic pain. For lumbar spinal stenosis, it is recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit. The injured worker suffered from chronic low back, which was noted to be worsening. He was status post multilevel spinal fusions, and multiple surgeries. It was noted that the injured worker had concurrent peripheral neuropathy with an unclear etiology, which his Gabapentin was then increased; however, he continued to complain of worsening back pain. It was unclear as to how the medication was helpful if he was only able to walk less than 60 feet before his pain got worse, and the injured worker continuously reported his condition was worsening. Furthermore, the request failed to provide the frequency, the

amount, and the dosage as prescribed. As such, the request for Gabapentin (no quantity given) is not medically necessary.

Lidoderm patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: As stated in the California MTUS Guidelines, Lidoderm is not a first line treatment and is only considered for localized peripheral pain after there has been evidence of a trial of first line therapy, such as a tricyclic or SNRI antidepressants or an antiepileptic drug. It is indicated that the FDA has only approved Lidoderm for postherpetic neuralgia. The injured worker reported worsening low back pain and was status post multilevel spinal fusions with multiple surgeries. It was noted that he had been using the Lidoderm patch for several months; however, there was a lack of information suggesting that the patches were beneficial to his pain. Also, topical lidocaine is recommended after evidence of a trial of first line therapy to include a tricyclic or SNRI antidepressant or an antiepileptic drug such as Gabapentin or Lyrica, which it was noted that he was taking Gabapentin, but there did not seem to be significant pain relief even after increasing his medications. Furthermore, it is unclear as to what other treatments he has trialed and failed, as Lidoderm is not a first line treatment. The request failed to provide the frequency and the dosing, along with the amount of patches requested, as prescribed. As such, the request for Lidoderm patch is not medically necessary.