

Case Number:	CM14-0184509		
Date Assigned:	11/12/2014	Date of Injury:	09/15/2000
Decision Date:	12/16/2014	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/05/2014

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, Pain Medicine 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 55-year-old female who reported injury on 09/15/2000. The mechanism of injury was not submitted for review. The injured worker's has diagnoses of displacement, lumbar disc without myelopathy; lumbar radiculopathy; and degenerative disc disease of the lumbar spine. Past medical treatment consists of lumbar epidural steroid injections, thoracic epidural steroid injections, physical therapy and medication therapy. Medications consist of Neurontin 300 mg, Soma 350 mg and Norco 10/325 mg. A postop evaluation dated 08/27/2014 indicated that the injured worker underwent transforaminal epidural steroid injections at L3-4 and L4-5 under fluoroscopy. On 10/24/2014 the injured worker complained of lumbar back pain. It was noted on physical examination that the injured worker had a pain rate of 8/10 to 9/10 without medications and 1/10 with medications. Physical examination of the lumbar spine revealed tenderness to palpation at the L4-5. Forward flexion of 40 degrees, hyperextension at 10 degrees, right lateral bending at 15 degrees and left lateral bending at 15 degrees. The injured worker was positive for sitting straight leg raise to the right. It was noted on examination, a decreased right L3, decreased right L4 and decreased right L5 sensation to pinprick. Deep tendon reflexes in the lower extremities were decreased but equal. Medical treatment plan is for the injured worker to undergo a repeat right lumbar epidural steroid injection and medication therapy. Rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat right LESI: Upheld

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

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

Decision rationale: According to the MTUS Guidelines ESIs are options for treatment of radicular pain. ESIs can offer for short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Criteria for the use of epidural steroid injections include radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; be initially unresponsive to conservative treatment; injections should be performed using fluoroscopy; no more than 1 interlaminar level should be injected at 1 session; and in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction in medication use for 6 to 8 weeks. Submitted documentation indicated a progress note dated 10/24/2014 stated that the injured worker had last undergone epidural steroid injections in 05/2011. However, there was documentation submitted 08/27/2014 that indicated that the injured worker had undergone transforaminal epidural steroid injections with fluoroscopy at L3-4 and L4-5. The efficacy of such epidural steroid injection was not submitted for review. Additionally, there was no evidence submitted for review indicating that the injured worker had trialed and failed maximum treatment of conservative care. Furthermore, the request as submitted did not indicate at what level the repeat LESI was going to be given. Given the above, the injured worker is not within MTUS recommended guideline criteria. As such, the request is not medically necessary.

Neurontin 300mg #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs gabapentin (Neurontin) Page(s): 18.

Decision rationale: California MTUS Guidelines note that relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effective pain relief in relationship to improvements in function and increased activity. The guidelines note that Neurontin has been shown to be effective for treatment of diabetic pain, painful neuropathy and postherpetic neuralgia. Submitted progress note dated 10/24/2014 indicated that the injured worker had decreased sensation in the right L3, right L4 and right L5. However, there was no documented evidence indicating any weakness or numbness which would indicate neuropathy. Furthermore, there was no indication that the injured worker had a diagnosis that would be congruent with the guideline recommendations. Additionally, the efficacy of the medication was not submitted for review to warrant the continuation of the medication. Given the above, the injured worker is not within the MTUS recommended guideline criteria. As such, the request is not medically necessary.

Soma 350mg #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63.

Decision rationale: The California MTUS state that Soma is not indicated for longer than 2 to 3 weeks. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant. It has been suggested that the main effect is to generalize sedation and treatment of anxiety. Abuse can be noted for sedative and relaxing effects. Soma abuse has also been noted in order to augment or alter effects of other drugs. The submitted documentation did not report the efficacy of the medication, nor did it indicate that the Soma was helping with any anxiety. Additionally, the submitted documentations dated 10/2014 indicated that the injured worker had been on the medication since at least this time, exceeding the guideline recommendations for use of 2 to 3 weeks. Furthermore, the request as submitted is for Soma 350 mg with a quantity of 60 plus 3 refills, also exceeding recommended guideline criteria. There was no rationale provided to warrant the continuation of the medication. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78,92.

Decision rationale: The submitted documentation lacked the efficacy of the medication, nor did it indicate that it was helping with any functional deficits the injured worker had. Additionally, there were no assessments submitted for review indicating what pain levels were before, during, and after medication administration. Furthermore, there were no UAs or drug screens submitted for review showing that the injured worker was compliant with prescription medications. The request as submitted also did not indicate the frequency or duration of the medication. Given the above, the injured worker is not within MTUS recommended guideline criteria. As such, the request is not medically necessary.