

Case Number:	CM14-0084811		
Date Assigned:	08/08/2014	Date of Injury:	06/06/2002
Decision Date:	09/25/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/05/2014

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, 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 56-year-old male who reported an injury on 06/06/2002 due to an unknown mechanism. Diagnoses were degeneration cervical disc, syndrome post laminectomy lumbar, and pain in joint hand. Past treatments have been epidural steroid injections, physical therapy, and a spinal cord stimulator that failed. Diagnostic studies were an EMG and an MRI of the lumbar spine. MRI on 04/08/2011 revealed solid posterior fusion with wide laminectomy at L4-L5 and L5-S1. There was some mild disc degeneration at L3-L4 and facet joint arthropathy at L3-L4. The injured worker had an interbody fusion with a spacer. Surgical history was 4 back surgeries and 2 wrist surgeries. The injured worker had a lumbar fusion on 09/11/2002, repeated the lumbar spine surgery in 2005, spine surgery in 2006, and spine surgery/hardware removal in 2007. The injured worker had left wrist surgery in 2004 and left wrist surgery in 2006. Physical examination on 07/28/2014 revealed complaints of increased depression due to injury. Examination revealed normal muscle tone of right and left lower extremities. The injured worker received an epidural steroid injection to the lumbar spine. Medications were cyclobenzaprine 10mg 1 twice daily as needed, Gralise 600mg three at bedtime, methadone 5mg tablet twice a day, Omeprazole 20mg, Tramadol 200mg 1 tablet daily, Acyclovir 200mg, Imitrex 100mg, and Prozac 40mg. Treatment plan was for epidural steroid injections, lysis of epidural adhesions, epidurogram, and medications as directed. The rational was submitted and request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar EPI Steroid Injection L4-5: 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 Injection Page(s): 46.

Decision rationale: The decision for lumbar EPI steroid injection L4-5 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend for an epidural steroid injection that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and the pain must be initially unresponsive to conservative treatment including exercise, physical therapy, NSAIDs, and muscle relaxants. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at 1 session. There were no imaging studies submitted such as MRIs or electrodiagnostic testing. Readings were quoted off progress notes. Radiculopathy was not corroborated by the imaging studies. Therefore, the request is not medically necessary.

Lumbar EPI Steroid Injections L5-S1: 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 Injection Page(s): 46.

Decision rationale: The decision for lumbar EPI steroid injection L5-S1 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend for an epidural steroid injection that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and the pain must be initially unresponsive to conservative treatment including exercise, physical therapy, NSAIDs, and muscle relaxants. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at 1 session. There were no imaging studies submitted such as MRIs or electrodiagnostic testing. Readings were quoted off progress notes. Radiculopathy was not corroborated by the imaging studies. Therefore, the request is not medically necessary.

Percutaneous Lysis of Epidural Adhesions: 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), Adhestolysis, Percutaneous.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Adhesiolysis, Percutaneous.

Decision rationale: The decision for percutaneous lysis of epidural adhesions is not medically necessary. The Official Disability Guidelines state adhesiolysis, percutaneous is not recommended due to the lack of sufficient literature (risk versus benefit, conflicting literature). Also referred to as epidural neurolysis, epidural neuroplasty, or lysis of epidural adhesions, percutaneous adhesiolysis is a treatment for chronic back pain that involves disruption, reduction, and/or elimination of fibrous tissue from the epidural space. Lysis of adhesions are carried out by catheter manipulation and/or injection of saline (hypertonic saline may provide the best results). Epidural injection of local anesthetic and steroid is also performed. It has been suggested that the purpose of the intervention is to eliminate the effect of scar formation, allowing for direct application of drugs to the involved nerves and tissues, but the exact mechanism of success has not been determined. There is a large amount of variability in the technique used and the technical ability of the physician appears to play a large role in the success of the procedure. In addition, research into the identification of the patient who is best served by this intervention remains largely uninvestigated. At first reactions include dural puncture, spinal cord compression, catheter shearing, infection, excessive spinal cord compression, hematoma, bleeding, and dural puncture. Duration of pain relief appears to range from 3 to 4 months. Given the limited evidence available for percutaneous epidural adhesiolysis, it is recommended that this procedure be regarded as investigational at this time. Patient selection criteria for adhesiolysis if provider and payer agree to perform anyway include a 1 day protocol is preferred over a 3 day protocol. All conservative treatment modalities have failed, including epidural steroid injections. The physician intends to conduct the adhesiolysis in order to administer drugs closer to a nerve. The physician documents strong suspicion of adhesions blocking access to the nerve. Adhesions blocking access to the nerve have been identified by gallium MRI or fluoroscopy during epidural steroid injections. There were no imaging studies submitted for review. Readings of MRI were off a progress note. There was no documentation of strong suspicion of adhesions blocking access to the nerve. Therefore, this request is not medically necessary.

Lumbar Epidurogram Qty: 1.00: 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 Injection Page(s): 46.

Decision rationale: The decision for lumbar epidurogram quantity: 1.00 is not medically necessary due to the fact that the epidural steroid injection was not medically necessary either.

Cyclobenzaprine 10mg Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41,64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41, 64.

Decision rationale: The decision for cyclobenzaprine 10 mg quantity: 1.00 is not medically necessary. The California Medical Treatment Utilization Schedule states that cyclobenzaprine (Flexeril) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2 to 3 weeks. Efficacy of this medication was not reported. Also, the request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.

Gralise 600 mg Qty: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-63, 93.

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

Decision rationale: The decision for Gralise 600 mg quantity: 90.00 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that gabapentin is shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. The efficacy of this medication was not reported. It was not reported why the injured worker needs a brand name medication. Also, the request does not indicate a frequency for the medication. Therefore, it is not medically necessary.

Methadone 5mg Qty: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61-62, 93.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Methadone.

Decision rationale: The decision for methadone 5 mg quantity: 30.00 is not medically necessary. The Official Disability Guidelines have set up steps for prescribing methadone. The drug should be used with caution in opioid naive patients due to the risk of life threatening hypoventilation. Patients should be informed that they should not be tempted to take more methadone than prescribed due to the dangerous buildup that can lead to death. The patient should be warned not to use alcohol, benzodiazepines, or other CNS depressants. Inform the patient of the potential adverse side effects of methadone. The efficacy of this medication was

not reported. Also, the request does not indicate a frequency for the medication. Therefore, it is not medically necessary.

Omeprazole Dr. 20mg Qty: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 69.

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

Decision rationale: The decision for Omeprazole Dr. 20mg quantity 30 is not medically necessary. Insert Rationale Clinicians should determine if the patient is at risk for gastrointestinal events which include age > 65 years, a history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant; or using a high dose/multiple NSAIDs. Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. The efficacy of this medication was not reported. Also, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.