MAXIMUS Federal Services

Case Number:	CM14-0095558		
Date Assigned:	07/25/2014	Date of Injury:	01/13/2012
Decision Date:	09/25/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/23/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersery. 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 patient is a 38-year-old man who sustained a work- related injury on January 13, 2012. He subsequently developed chronic low back, hip, and shoulder pain. The patient underwent a left arthroscopic surgery on February 21, 2014. He is also status post lumbar epidural steroid injection dated April 8, 2014, which provided 50% decrease in his back and leg pain. In a visit note dated July 2, 2014, the patient continued to have pain in the left shoulder and surgery was recommended. The patient continued to report pain in the lower thoracic spine with radiation into the left lower ribs around to the front of his ribcage. His physical examination revealed antalgic gait; limited range of motion in the left shoulder and thoracic paraspinal tenderness. Cervical MRI dated January 29, 2014 showed a moderate left L5- S1 extrusion abutting the left proximal S1 nerve root. There is also left spondylosis and foraminal stenosis. Thoracic MRI dated January 29, 2014 showed no other pathology except for a mild central to right disc protrusion at the T8-9. Bilateral lower extremities EMG dated June 7, 2013 showed no specific signs of L5-S1 radiculopathy. The patient was diagnosed with lumbar disc displacement without Myelopathy, sprain of neck, sprain/strain thoracic region and joint pain - shoulder. The provider requested authorization for thoracic ESI, Hydrocodone, Relafen, and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic epidural steroid injection T8-9 each additional level, thoracic epidurogram, fluoroscopic guidance, IV sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low back complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, Epidural Steroid Injection is optional for radicular pain to avoid surgery. It may offer short term benefit; however there is no significant long term benefit or reduction for the need of surgery. In addition, there is no clinical and objective documentation of radiculopathy. The thoracic pain reported in this patient did not follow a dermatoma distribution and MTUS guidelines does not recommend epidural injections for thoracic pain without clear evidence of radiculopathy. Therefore, Thoracic Epidural Steroid Injection T8-9 each additional level, thoracic Epidurogram, fluoroscopic guidance, IV sedation is not medically necessary.

Hydrocodone10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy (b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids (Norco). There is no clear documentation of the efficacy/safety of previous use of Hydrocodone/Acetaminophen. There are

no reports concerning urine drug screens for medication compliance or side effects monitoring. Therefore, the Prescription Hydrocodone 10/325 mg #90 is not medically necessary.

Nabumetone- Relafen 500mg #90: Upheld

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

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

Decision rationale: According to MTUS guidelines, NSAIDs are recommended for keen and hip pain at the lowest dose for the shortest period of time in patients with moderate to severe pain. In this case the request was for Relafen 500 mg #60 which does not comply with MTUS guidelines for the use of NSAIDs for short period of time. In addition there is no recent documentation that the patient was complaining of breakthrough of pain. There is no clear evidence that the lowest NSAID was used. Therefore, the request of Relafen 500 mg #90 is not medically necessary.

Gabapentin 600mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: According to MTUS guidelines, Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsant) which has been 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. There was no documentation that the patient is suffering from neuropathic pain including diabetic neuropathic pain or post-herpetic neuralgia condition. Therefore, the prescription of Gabapentin 600 MG #60 is not medically necessary.