

Case Number:	CM15-0111699		
Date Assigned:	06/18/2015	Date of Injury:	04/19/2012
Decision Date:	08/19/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/09/2015

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: New York, West Virginia, Pennsylvania
 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 45 year old male, who sustained an industrial injury on 4/19/2012. The mechanism of injury was not noted. The injured worker was diagnosed as having bilateral lumbar radiculitis and lumbar facet arthropathy. Treatment to date has included lumbar epidural steroid injections and medications. Currently (5/01/2015), the injured worker complains of low back pain, reporting it as the same, sharp with pins and needles. His left leg was more affected than his right. Pain was rated 4-5/10. Current medication use included Neurontin and Motrin, with no adverse effects reported. He was doing a home exercise program and working with restrictions. His blood pressure was 179/91 and pulse was 72. Physical exam of the lumbar spine and lower extremities was unremarkable. He reported that his epidural steroid injection (1/16/2015) was wearing out. The treatment plan included repeat bilateral L5 transforaminal epidural steroid injection and continued current medications, noting Motrin, Neurontin, and Lidoderm patches. The use of these medications was noted since at least 12/2014. His pain level in 2/2015 was noted at 3/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar transforaminal epidural injection of the bilateral L5 under fluoroscopic guidance:
 Upheld

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

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

Decision rationale: Guidelines recommend epidural steroid injections if there is radiculopathy noted on physical exam and by imaging studies, the patient is unresponsive to conservative therapy, and repeat injections given if there is adequate reduction in pain from the initial block for at least 2 weeks. In this case, there was no documentation of the percentage relief from previous injections. The request for epidural steroid injection is not medically appropriate and necessary.

Ibuprofen 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

Decision rationale: Guidelines recommend NSAIDs for treatment of pain at the lowest effective dose for the shortest period of time. In this case, there is no clear documentation of how long the patient has been taking NSAIDs as long term use is not recommended. In addition, the patient's functional response to Ibuprofen was also not documented. The request for Ibuprofen 600 mg #60 is not medically appropriate and necessary.

Lidocaine patch 4% #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111,112.

Decision rationale: Guidelines state that Lidocaine patch may be recommended for localized peripheral pain after first line therapy with anti-depressants and anti-convulsants has failed. In this case, there is insufficient documentation of radiculopathy or documentation of failed first line therapy. The request for lidocaine patch 4% #10 is not medically appropriate and necessary.

Gabapentin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti Epilepsy Drugs Page(s): 18-19.

Decision rationale: Guidelines recommend gabapentin for treatment of diabetic painful neuropathy and post-herpetic neuralgia and neuropathic pain. In this case, the patient does not suffer from any of these conditions. Thus, the request for gabapentin 600 mg #90 is not medically appropriate and necessary.