

Case Number:	CM15-0115482		
Date Assigned:	06/23/2015	Date of Injury:	12/21/2004
Decision Date:	07/23/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/16/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48 year old male patient who sustained an industrial injury on 12/21/2004. On 01/20/2012 the patient underwent a thoraco-lumbar medial branch radiofrequency neurolysis. At a follow up on 08/29/2012 he had subjective complaint of having an incremental increase in back pain in addition to having some right shoulder and scapula pain. He also complained of neck pain and ongoing epigastric complaints. He continues participating daily at home exercises and even completed a course of physical therapy. The patient has also noted to have gone through acupuncture, massage therapy, chiropractics without any improvement in symptom. The assessment found the patient with having remote trauma, persistent spinal and musculoskeletal pain; thoracolumbar pain, strain/sprain, facet syndrome, symptomatically improved following most recent neurolysis; flare of right shoulder area pain strain/sprain; neck pain sprain/strain, with unremarkable MRI of spine; persistent abdominopelvic symptoms, prior right inguinal hernia repair on 01/2010 with residual neuropathic pain; epigastric pain, GERD symptom, history of diverticulitis and gastric bleeding; anxiety/depression, chronic pain, prior psychology consultation, and persistent right hip are pain, impingement (non-industrial). The plan of care involved the patient seeking consultation regarding a possible second abdominal procedure, undergo radiography study of right shoulder, recommending additional physical therapy session, continue utilizing the transcutaneous nerve stimulator unit, continue with current medications and seek gastrointestinal consultation. A recent orthopedic follow up dated 05/08/2015 reported the following recommendations made for the patient: obtain a replacement cane or adjust the current one, and administration of a L4-5

interlaminar epidural injection. The patient had subjective complaint of neck, mid and low back pains, and abdomen and groin pains. He did previously receive Botox injections on 04/10/2015 and still is rating the pain at a 9 in intensity out of ten. He further states that the Tylenol #3 did not make much change in his pain level. He did state having some benefit using the Butrans patches, but they did cause local skin irritation and prior to that he was getting good benefit from Norco. The patient also reports having difficulty getting medications approved and only Neurontin was approved. He is diagnosed with the following: chronic persistent right shoulder pain; chronic neck pain, chronic low back pain and right lower extremity pain; right inguinal hernia repair; chronic abdominal discomfort and GERD.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Epidural at L4-L5 interlaminar injection: 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 9792.20-9792.26 Page(s): 46 of 127.

Decision rationale: Regarding the request for epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Regarding repeat epidural injections, guidelines state that repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there are no current clinical findings supporting a diagnosis of radiculopathy corroborated by imaging or electrodiagnostic studies. Furthermore, it appears that the patient has a pending authorized ESI and an additional ESI would not be appropriate unless the patient's response to the first injection is known. In the absence of clarity regarding the above issues, the currently requested epidural steroid injection is not medically necessary.

Neurontin 800mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21 of 127.

Decision rationale: Regarding request for gabapentin (Neurontin), Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation

of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication. Antiepileptic drugs should not be abruptly discontinued but unfortunately there is no provision to modify the current request. As such, the currently requested gabapentin (Neurontin) is not medically necessary.