

Case Number:	CM15-0119559		
Date Assigned:	06/30/2015	Date of Injury:	10/05/2006
Decision Date:	08/26/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application	06/22/2015

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

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 57 year old male, who sustained an industrial injury on 10/5/06. The diagnoses have included cervical radiculopathy, cervical spinal stenosis, lumbar disc degeneration, and lumbar radiculopathy. Treatment to date has included medications, activity modifications, diagnostics, surgery, pain management, physical therapy and home exercise program (HEP). Currently, as per the physician progress note dated 5/11/15, the injured worker complains of neck pain that radiates down the bilateral upper extremities and associated with headaches. He also complains of low back pain that radiates down the bilateral lower extremities and is accompanied by numbness in the lower extremities to the feet with frequent muscle spasms in the low back. He reports insomnia, increased headaches and neck pain radiating to the bilateral upper extremities. The pain is rated 4-9/10 on average with medications, 5-10/10 on average without medications and he reports that the pain has worsened since the last visit. The injured worker had a cervical epidural steroid injection (ESI) done 4/17/15 and reports 50-80 percent overall improvement in symptoms and that the current pain medications help to the control the pain. The physical exam reveals that the cervical spine has spasm, tenderness with palpation, the range of motion of the cervical spine was moderately to severely limited due to pain, and there is decreased strength in the bilateral upper extremities. The lumbar spine exam reveals that there is tenderness to palpation, decreased range of motion due to pain, decreased sensitivity to touch in the dermatome in the right lower extremity (RLE), there is decreased strength in the right lower extremity (RLE) and straight leg raise in seated position was positive bilaterally at 40 degrees. The diagnostic testing that was performed

included Magnetic Resonance Imaging (MRI) of the lumbar spine and Magnetic Resonance Imaging (MRI) of the cervical spine. The current medications included Lidoderm patch, Lyrica, Soma, Norco and Maxalt. The physician requested treatments included Bilateral lumbar epidural steroid injection under fluoroscopy at L3-L5, Lidoderm patch 5% (700mg/patch) #30 with 1 refill, Lyrica 75mg #90 with 1 refill and Soma 350mg #60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar epidural steroid injection under fluoroscopy at L3-L5: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46, 46.

Decision rationale: The patient presents with neck pain radiating down bilateral upper extremities and low back pain radiating down the bilateral lower extremities rated 4-9/10 with and 5-10/10 without medications. The request is for bilateral lumbar epidural steroid injection under fluoroscopy at L3-L5. The request for authorization is dated 05/15/15. The patient is status post bilateral L3-5 lumbar epidural steroid injection, 03/21/14, which provided over 60% pain relief lasting 2 months resulting in improved sleep and mobility. MRI of the lumbar spine, 08/06/08, shows mild hyperlordosis and mild dextrosciosis; multilevel minimal to mild degenerative changes of the disc spaces throughout the lumbar spine. MRI of the lumbar spine, 12/15/14, shows mild degenerative changes. No evidence of significant neural impingement or mass effect appreciated. Physical examination of the lumbar spine reveals tenderness was noted upon palpation in the spinal vertebral area L4-S1 levels. Range of motion of the lumbar spine was moderately to severely limited due to pain. Sensory exam shows decreased sensitivity to touch along the L3-5 dermatome in the right lower extremity. Motor exam shows decreased strength of the extensor muscles along the L3-5 dermatome in the right lower extremity. Straight leg raise with the patient in the seated position was positive bilaterally at 40 degrees. The patient reports that the use of current opioid pain medication is helpful. Patient's medications include Lidoderm Patch, Lyrica, Soma, Norco and Maxalt. Per progress report dated 05/11/15, the patient is retired. MTUS page 46, 47 states that an ESI is "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS further states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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 of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." Per progress report dated 05/11/15, treater's reason for the request is "Last lumbar epidural injection 3/12/14 has worn off and patient requires all his pain medicating to help control worsened low back pain." The patient is status post bilateral L3-5 lumbar epidural steroid injection, 03/21/14, which provided over 60% pain relief lasting 2 months resulting in improved sleep and mobility. Physical examination of the

lumbar spine reveals tenderness was noted upon palpation in the spinal vertebral area L4-S1 levels. Range of motion of the lumbar spine was moderately to severely limited due to pain. Sensory exam shows decreased sensitivity to touch along the L3-5 dermatome in the right lower extremity. Motor exam shows decreased strength of the extensor muscles along the L3-5 dermatome in the right lower extremity. Straight leg raise with the patient in the seated position was positive bilaterally at 40 degrees. MRI of the lumbar spine, 08/06/08, shows mild hyperlordosis and mild dextroscoliosis; multilevel minimal to mild degenerative changes of the disc spaces throughout the lumbar spine. MRI of the lumbar spine, 12/15/14, shows mild degenerative changes. No evidence of significant neural impingement or mass effect appreciated. In this case, radiculopathy is documented with dermatomal distribution of pain along with physical examination findings; however, a clear diagnosis to corroborate radiculopathy is not apparent based on MRI findings. Nevertheless, given the patient's prior lumbar epidural injection with 60% pain relief lasting 2 months, the request appears reasonable and within guidelines indication. Therefore, the request is medically necessary.

Lidoderm patch 5% (700mg/patch) #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Criteria for use of Lidoderm patches.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidodem patch Page(s): 56, 57, 112.

Decision rationale: The patient presents with neck pain radiating down bilateral upper extremities and low back pain radiating down the bilateral lower extremities rated 4-9/10 with and 5-10/10 without medications. The request is for bilateral lumbar epidural steroid injection under fluoroscopy at L3-L5. The request for authorization is dated 05/15/15. The patient is status post bilateral L3-5 lumbar epidural steroid injection, 03/21/14, which provided over 60% pain relief lasting 2 months resulting in improved sleep and mobility. MRI of the lumbar spine, 08/06/08, shows mild hyperlordosis and mild dextroscoliosis; multilevel minimal to mild degenerative changes of the disc spaces throughout the lumbar spine. MRI of the lumbar spine, 12/15/14, shows mild degenerative changes. No evidence of significant neural impingement or mass effect appreciated. Physical examination of the lumbar spine reveals tenderness was noted upon palpation in the spinal vertebral area L4-S1 levels. Range of motion of the lumbar spine was moderately to severely limited due to pain. Sensory exam shows decreased sensitivity to touch along the L3-5 dermatome in the right lower extremity. Motor exam shows decreased strength of the extensor muscles along the L3-5 dermatome in the right lower extremity. Straight leg raise with the patient in the seated position was positive bilaterally at 40 degrees. The patient reports that the use of current opioid pain medication is helpful. Patient's medications include Lidoderm Patch, Lyrica, Soma, Norco and Maxalt. Per progress report dated 05/11/15, the patient is retired. MTUS guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. Treater does not specifically discuss this medication. The patient has been prescribed Lidoderm Patch since at least 11/24/14.

However, treater does not document the area for treatment nor discuss functional improvement as required by MTUS. Additionally, Lidoderm Patch is indicated for localized peripheral pain, which the treater does not document. Therefore, the request is not medically necessary.

Lyrica 75mg #90 with 1 refill: 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 Pregabalin-Lyrica Page(s): 19-20.

Decision rationale: The patient presents with neck pain radiating down bilateral upper extremities and low back pain radiating down the bilateral lower extremities rated 4-9/10 with and 5-10/10 without medications. The request is for Lyrica 75mg #90 with 1 refill. The request for authorization is dated 05/15/15. The patient is status post bilateral L3-5 lumbar epidural steroid injection, 03/21/14, which provided over 60% pain relief lasting 2 months resulting in improved sleep and mobility. MRI of the lumbar spine, 08/06/08, shows mild hyperlordosis and mild dextroscoliosis; multilevel minimal to mild degenerative changes of the disc spaces throughout the lumbar spine. MRI of the lumbar spine, 12/15/14, shows mild degenerative changes. No evidence of significant neural impingement or mass effect appreciated. Physical examination of the lumbar spine reveals tenderness was noted upon palpation in the spinal vertebral area L4-S1 levels. Range of motion of the lumbar spine was moderately to severely limited due to pain. Sensory exam shows decreased sensitivity to touch along the L3-5 dermatome in the right lower extremity. Motor exam shows decreased strength of the extensor muscles along the L3-5 dermatome in the right lower extremity. Straight leg raise with the patient in the seated position was positive bilaterally at 40 degrees. The patient reports that the use of current opioid pain medication is helpful. Patient's medications include Lidoderm Patch, Lyrica, Soma, Norco and Maxalt. Per progress report dated 05/11/15, the patient is retired. MTUS Guidelines, pages 19-20, have the following regarding Lyrica: "Pregabalin-Lyrica, no generic available-has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA-approval for both indications, and is considered first- line treatment for both." It further states, "Weaning: Do not discontinue pregabalin abruptly and weaning should occur over 1-week period. Withdrawal effects have been reported after abrupt discontinuation." Treater does not specifically discuss this medication. Patient has been prescribed Lyrica since at least 11/24/14. MTUS supports the use of anti-convulsants for neuropathic pain. MTUS pg. 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. In this case, the treater has documented reduction of pain with use of medication. However, the treater has not discussed or documented what functional improvements there were for the patient. MTUS requires both pain reduction and functional improvement when medications are used for chronic pain. Therefore, the request is not medically necessary.

Soma 350mg #60 with 1 refill: 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 Muscle Relaxants Page(s): 63-66.

Decision rationale: The patient presents with neck pain radiating down bilateral upper extremities and low back pain radiating down the bilateral lower extremities rated 4-9/10 with and 5-10/10 without medications. The request is for Soma 350mg #60 with 1 refill. The request for authorization is dated 05/15/15. The patient is status post bilateral L3-5 lumbar epidural steroid injection, 03/21/14, which provided over 60% pain relief lasting 2 months resulting in improved sleep and mobility. MRI of the lumbar spine, 08/06/08, shows mild hyperlordosis and mild dextroscoliosis; multilevel minimal to mild degenerative changes of the disc spaces throughout the lumbar spine. MRI of the lumbar spine, 12/15/14, shows mild degenerative changes. No evidence of significant neural impingement or mass effect appreciated. Physical examination of the lumbar spine reveals tenderness was noted upon palpation in the spinal vertebral area L4-S1 levels. Range of motion of the lumbar spine was moderately to severely limited due to pain. Sensory exam shows decreased sensitivity to touch along the L3-5 dermatome in the right lower extremity. Motor exam shows decreased strength of the extensor muscles along the L3-5 dermatome in the right lower extremity. Straight leg raise with the patient in the seated position was positive bilaterally at 40 degrees. The patient reports that the use of current opioid pain medication is helpful. Patient's medications include Lidoderm Patch, Lyrica, Soma, Norco and Maxalt. Per progress report dated 05/11/15, the patient is retired. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. Treater does not specifically discuss this medication. MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. However, patient has been prescribed Soma since at least 11/24/14. The request for additional Soma #60 with 1 refill does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.