

Case Number:	CM15-0123028		
Date Assigned:	07/07/2015	Date of Injury:	03/23/2009
Decision Date:	09/22/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/25/2015

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 48 year old male who sustained an industrial injury on 3/23/09. He had complaints of head and neck pain. Treatments include medications, physical therapy, Chinese herb treatment, lumbar epidural injections and surgery. Orthopedic qualified medical re-evaluation report dated 4/13/15 reports complaints of neck, right shoulder and lower back pain. The neck pain travels to his right shoulder, arm and hand. The pain is described as stabbing, pins and needles and aching. Low back with pins and needles, numbness and stabbing pain. The pain radiates down the left leg to his foot. Diagnoses include: status post anterior and posterior lumbar fusion with posterior decompression and bone grafting at the L4-S1 levels on 9/4/13, status post revision of pedicle screw surgical hardware, L5 on the left, with lumbar laminectomy and foraminotomy, L5-S1 left on 2/4/14, status post anterior cervical discectomy and instrumented fusion with bone grafting, C5-7 on 12/6/11, cervicothoracic strain related to 2005 injury, status post motor vehicle accident lower back strain, work related, sleep disturbance and GERD. Pain management progress report dated 5/14/15 reports continued complaints of neck, low back, right arm, and left leg pain. Plan of care includes: continue medications; prescriptions given for-ranitidine, ibuprofen, lidocaine patch, gabapentin and Amitriptyline and consult with orthopedic. Work status is total temporarily disabled for 45 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, Medications for chronic pain Page(s): 57, 60.

Decision rationale: The patient presents on 06/23/15 with lower back pain and sciatica. The patient's date of injury is 03/23/09. Patient is status post revision of pedicle screw surgical hardware, L5 on the left, with lumbar laminectomy and foraminotomy, L5-S1 left on 2/4/14, and status post anterior cervical discectomy and instrumented fusion with bone grafting, C5-7 on 12/6/11. The request is for Lidocaine patches. The RFA is dated 06/10/15. Physical examination dated 06/23/15 reveals tenderness to palpation of the lumbar and cervical paraspinal areas, with sacroiliac joint tenderness bilaterally and hypothesias noted in the left lateral foot and calf. The provider also notes positive straight leg raise test on the left and positive FABRE maneuver bilaterally. The patient is currently prescribed Ibuprofen, Ranitidine, Lidocaine patches, Gabapentin, and Amitriptyline. Diagnostic imaging included lumbosacral myelogram dated 01/30/15, significant findings include: "Post-surgical changes at the L4-L5 and L5-S1 level and mild lumbar spondylosis with no disc protrusion, central canal stenosis or neural foraminal narrowing at any level." Patient is currently classified as temporarily totally disabled. MTUS Chronic Pain Medical Treatment 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 anti-depressants or an AED such as gabapentin or Lyrica." 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 documented for pain and function. MTUS Chronic Pain Medical Treatment Guidelines, pg 60 under Medications for chronic pain also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In regard to the request for Lidocaine patches for this patient's chronic lower back and neck pain, such patches are not indicated for this patient's chief complaint. MTUS guidelines state that Lidocaine patches are appropriate for localized peripheral neuropathic pain. This patient presents with lower back pain with a radicular component, not a localized neuropathic pain amenable to Lidocaine patches. Furthermore, this patient has been prescribed Lidocaine patches since at least 01/21/15, with no documentation of efficacy in the subsequent reports. Owing to a lack of guideline support for this patient's chief complaint, continuation of this medication cannot be substantiated. Therefore, the request IS NOT medically necessary.

Amitriptyline 25mg #60: 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 Antidepressants for chronic pain, Medications for chronic pain Page(s): 13-15, 60.

Decision rationale: The patient presents on 06/23/15 with lower back pain and sciatica. The patient's date of injury is 03/23/09. Patient is status post revision of pedicle screw surgical hardware, L5 on the left, with lumbar laminectomy and foraminotomy, L5-S1 left on 2/4/14, and status post anterior cervical discectomy and instrumented fusion with bone grafting, C5-7 on 12/6/11. The request is for Amitriptyline 25MG #60. The RFA is dated 06/10/15. Physical examination dated 06/23/15 reveals tenderness to palpation of the lumbar and cervical paraspinal areas, with sacroiliac joint tenderness bilaterally and hypothesias noted in the left lateral foot and calf. The provider also notes positive straight leg raise test on the left and positive FABRE maneuver bilaterally. The patient is currently prescribed Ibuprofen, Ranitidine, Lidocaine patches, Gabapentin, and Amitriptyline. Diagnostic imaging included lumbosacral myelogram dated 01/30/15, significant findings include: "Post-surgical changes at the L4-L5 and L5-S1 level and mild lumbar spondylosis with no disc protrusion, central canal stenosis or neural foraminal narrowing at any level." Patient is currently classified as temporarily totally disabled. Regarding anti-depressants, MTUS Guidelines, page 13-15, under Antidepressants for chronic pain states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." MTUS Chronic Pain Medical Treatment Guidelines, pg 60 under Medications for chronic pain also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In regard to the continuation of Amitriptyline for this patient's chronic pain, the treater has not provided adequate documentation of medication efficacy to substantiate continuation. This patient has been prescribed Amitriptyline since at least 01/21/15. Most recent pain management progress note dated 05/14/15 is poorly scanned and handwritten, some portions are illegible. Within this note, there is no clearly observable discussion of medication efficacy. MTUS guidelines require documentation of pain relief and functional improvements when medications are used for chronic pain. In this case, no such discussion is provided. Therefore the request IS NOT medically necessary.

Gabapentin 800mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, Medications for chronic pain Page(s): 18, 19, 60.

Decision rationale: The patient presents on 06/23/15 with lower back pain and sciatica. The patient's date of injury is 03/23/09. Patient is status post revision of pedicle screw surgical hardware, L5 on the left, with lumbar laminectomy and foraminotomy, L5-S1 left on 2/4/14, and status post anterior cervical discectomy and instrumented fusion with bone grafting, C5-7 on 12/6/11. The request is for Gabapentin 800MG #90. The RFA is dated 06/10/15. Physical examination dated 06/23/15 reveals tenderness to palpation of the lumbar and cervical

paraspinal areas, with sacroiliac joint tenderness bilaterally and hypothesias noted in the left lateral foot and calf. The provider also notes positive straight leg raise test on the left and positive FABRE maneuver bilaterally. The patient is currently prescribed Ibuprofen, Ranitidine, Lidocaine patches, Gabapentin, and Amitriptyline. Diagnostic imaging included lumbosacral myelogram dated 01/30/15, significant findings include: "Post-surgical changes at the L4-L5 and L5-S1 level and mild lumbar spondylosis with no disc protrusion, central canal stenosis or neural foraminal narrowing at any level." Patient is currently classified as temporarily totally disabled. MTUS has the following regarding Gabapentin on pg 18,19: "Gabapentin-Neurontin, Gabarone, generic available- 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." MTUS Chronic Pain Medical Treatment Guidelines, pg 60 under Medications for chronic pain also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In regard to the continuation of Gabapentin for this patient's chronic pain, the treater has not provided adequate documentation of medication efficacy to substantiate continuation. This patient has been prescribed Gabapentin since at least 01/21/15. Most recent pain management progress note dated 05/14/15 is poorly scanned and handwritten, some portions are illegible. Within this note, there is no clearly observable discussion of medication efficacy. MTUS guidelines require documentation of pain relief and functional improvements when medications are used for chronic pain. In this case, no such discussion is provided. Therefore, the request IS NOT medically necessary.

Ibuprofen 800mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient presents on 06/23/15 with lower back pain and sciatica. The patient's date of injury is 03/23/09. Patient is status post revision of pedicle screw surgical hardware, L5 on the left, with lumbar laminectomy and foraminotomy, L5-SI left on 2/4/14, and status post anterior cervical discectomy and instrumented fusion with bone grafting, C5-7 on 12/6/11. The request is for Ibuprofen 800MG #90. The RFA is dated 06/10/15. Physical examination dated 06/23/15 reveals tenderness to palpation of the lumbar and cervical paraspinal areas, with sacroiliac joint tenderness bilaterally and hypothesias noted in the left lateral foot and calf. The provider also notes positive straight leg raise test on the left and positive FABRE maneuver bilaterally. The patient is currently prescribed Ibuprofen, Ranitidine, Lidocaine patches, Gabapentin, and Amitriptyline. Diagnostic imaging included lumbosacral myelogram dated 01/30/15, significant findings include: "Post-surgical changes at the L4-L5 and L5-S1 level and mild lumbar spondylosis with no disc protrusion, central canal stenosis or neural foraminal narrowing at any level." Patient is currently classified as temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain

concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS Chronic Pain Medical Treatment Guidelines, pg 60 under Medications for chronic pain also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In regard to the continuation of Ibuprofen for this patient's chronic pain, the treater has not provided adequate documentation of medication efficacy to substantiate continuation. This patient has been prescribed Ibuprofen since at least 01/21/15. Most recent pain management progress note dated 05/14/15 is poorly scanned and handwritten, some portions are illegible. Within this note, there is no clearly observable discussion of medication efficacy. MTUS guidelines require documentation of pain relief and functional improvements when medications are used for chronic pain. In this case, no such discussion is provided. Therefore, the request IS NOT medically necessary.

Spinal cord stimulator trial: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Under spinal cord stimulation Page(s): 105-107.

Decision rationale: The patient presents on 06/23/15 with lower back pain and sciatica. The patient's date of injury is 03/23/09. Patient is status post revision of pedicle screw surgical hardware, L5 on the left, with lumbar laminectomy and foraminotomy, L5-S1 left on 2/4/14, and status post anterior cervical discectomy and instrumented fusion with bone grafting, C5-7 on 12/6/11. The request is for spinal cord stimulator trial. The RFA is dated 06/10/15. Physical examination dated 06/23/15 reveals tenderness to palpation of the lumbar and cervical paraspinal areas, with sacroiliac joint tenderness bilaterally and hypothesias noted in the left lateral foot and calf. The provider also notes positive straight leg raise test on the left and positive FABRE maneuver bilaterally. The patient is currently prescribed Ibuprofen, Ranitidine, Lidocaine patches, Gabapentin, and Amitriptyline. Diagnostic imaging included lumbosacral myelogram dated 01/30/15, significant findings include: "Post-surgical changes at the L4-L5 and L5-S1 level and mild lumbar spondylosis with no disc protrusion, central canal stenosis or neural foraminal narrowing at any level." Patient is currently classified as temporarily totally disabled. MTUS Chronic Pain Treatment Guidelines page 105 to 107, Under spinal cord stimulation, states, "Recommended only for selected patients in cases when less invasive procedures have failed or contradicted for specific conditions and following a successful temporary trial." Indications for stimulator implantation are failed back syndrome, CRPS, post amputation pain, post herpetic neuralgia, spinal cord injury dysesthesia, pain associated with multiple sclerosis and peripheral vascular disease. MTUS page 101 also requires psychological evaluation prior to spinal cord stimulator trial." Regarding the request for a spinal cord stimulator trial, the records do not include evidence of the required psychological consultation. Given this patient's condition, namely post-laminectomy syndrome and the failure of conservative options to date, a spinal cord stimulator trial may be appropriate. However, without documentation that the required psychological evaluation is complete, the spinal cord stimulator trial cannot be initiated. Therefore, the request IS NOT medically necessary.