

Case Number:	CM15-0129305		
Date Assigned:	07/16/2015	Date of Injury:	07/22/2013
Decision Date:	09/17/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/06/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 was a 49 year old male, who sustained an industrial injury, July 22, 2013. The injury was sustained while the injured worker was pulling weeds, when the back injury was sustained. The injured worker previously received the following treatments random toxicology laboratory studies with expected findings, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral lower extremities, Tramadol, Naproxen, Gabapentin, Omeprazole, Cyclobenzaprine, Lisinopril, chiropractic treatments were not helpful, lumbar spine MRI showed L5-S1 mild to moderate degenerative disc disease with left paracentral disc bulge and L4-L5 had mild degenerative disc disease with a disc tear and bulge. The injured worker was diagnosed with lumbar degenerative disc disease. According to progress note of April 13, 2015, the injured worker's chief complaint was low back pain and sciatica. The low back pain was described as constant sharp, throbbing, burning pain. The injured worker occasional had shooting pain down the left leg, going posteriorly to the toes. The pain was aggravated by twisting, moving, bending, lying down or sitting. The physical exam noted the back was not tender with palpation. There was decreased range of motion. The strength in the lower extremities was 5 out of 5. The injured worker had left lower leg numbness. The deep tendon reflexes were 5 out of 5. The straight leg raises were negative on the right and positive on the left. The injured worker was able to heel to toe walk. The treatment plan included discogram at L3-L4, L4-L5 and L5-S1 under fluoroscopy, for spinal injection, prescription renewals for Tramadol/acetaminophen, Gabapentin, Omeprazole and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram at L3-L4, L4-L5 and L5-S1 under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): ACOEM Chapter 12, page 303. Decision based on Non-MTUS Citation Carragee EJ, Chen Y, Tanner CM, Truong T, Lau E, Brito JL, Provocative discography in patients after limited lumbar discectomy: A controlled, randomized study of pain response in symptomatic and asymptomatic subjects, Spine 2000 Dec 1; 25 (23): 3065-71 Carragee EJ, Paragioudakis SJ, Khurana S, 2000 Volvo Award winner in clinical studies: Lumbar high-intensity zone and discography in subjects without low back problems, Spine 2000 Dec 1; 25 (23): 2987-92 Carragee EJ, Chen Y, Tanner CM, Hayward C, Rossi M, Hagle C, Can discography cause long-term back symptoms in previously asymptomatic subjects? Spine 2000 Jul 15; 25 (14): 1803-8 Carragee EJ, Tanner CM, Khurana S, Hayward C, Welsh J, Date E, Truong T, Rossi M, Hagle C, The rates of false-positive lumbar discography in select patients without low back symptoms, Spine 2000 Jun 1; 25 (11): 1373-80; discussion 1381.

Decision rationale: Per the California MTUS ACOEM guidelines, Chapter 12, and other evidence-based sources, recent studies on discography condemn its use as a preoperative indication for either IDET or Fusion. The guides cite: Discography does not identify the symptomatic high intensity zone, and concordance of symptoms with the disc injected is of limited diagnostic value (common in non-back patients, inaccurate if chronic or abnormal psychosocial tests), and it can produce significant symptoms in controls more than a year later. Given the adverse benefit and lack of evidentiary support for this kind of study, the request is not medically necessary.

Tramadol 37.5/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 12, 13, 83 and 113 of 127.

Decision rationale: Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long-term studies to allow it to be recommended for use past six months. A long-term use of is therefore not supported. The request is not medically necessary.

Gabapentin 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 16 of 127 and page 19 of 127.

Decision rationale: The MTUS notes that anti-epilepsy drugs (AEDs) like Gabapentin are also referred to as anti-convulsants, and are recommended for neuropathic pain, pain due to nerve damage. However, there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. It is not clear in this case what the neuropathic pain generator is, and why therefore that Gabapentin is essential. 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. This claimant however has neither of those conditions. The request is not medically necessary under the MTUS evidence-based criteria.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 68 of 127.

Decision rationale: The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Sufficient gastrointestinal risks are not noted in these records. The request is not medically necessary based on MTUS guideline review.

Cyclobenzaprine #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 41-42 of 127.

Decision rationale: The MTUS recommends Flexeril (cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long-term use is not supported. Also, it is being used with other agents, which also is not clinically supported in the MTUS. The request is not medically necessary.