

Case Number:	CM15-0178443		
Date Assigned:	09/30/2015	Date of Injury:	03/02/2001
Decision Date:	11/10/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/10/2015

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: 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 is a 58 year old female, who sustained an industrial injury on March 02, 2001. The injured worker was diagnosed as having cervical radiculitis, other chronic pain, lumbar facet arthropathy, lumbar radiculitis, lumbar radiculopathy, right knee pain, myositis and myalgia, anxiety, depression, and insomnia. Treatment and diagnostic studies to date has included laboratory studies, physical therapy, magnetic resonance imaging of the lumbar spine, physical therapy, use of a cane, and magnetic resonance imaging of the lumbar spine. In a progress note dated July 23, 2015 the treating physician reports complaints of pain to the neck and low back that radiates to the bilateral lower extremities along with frequent and "severe" muscle spasms to the low back. Examination performed on July 23, 2015 was revealing for slow gait, spasm to the lumbar spine, tenderness at lumbar four through sacral one levels, decreased range of motion to the lumbar spine with pain, decreased sensation to the bilateral lower extremities, positive straight leg raise, tenderness to the bilateral knees, and "moderate" swelling to the bilateral legs. The pain to the lower extremities was located in the hips, legs, and feet. The injured worker's medication regimen noted in the progress note from July 23, 2015 included Diazepam (unknown start time), Oxybutynin (unknown start time), Soma (since prior to March 03, 2015), Tylenol # 3 (unknown start time), and Lidocaine Ointment (since at least March 03, 2015). On July 23, 2015 the injured worker's pain level was rated a 1 out of 10 with the use of her medication regimen and the injured worker's pain level was rated a 9 out of 10 without the use of her medication regimen. The treating physician also noted that the injured worker has difficulty with activities of daily living secondary to pain, but the progress note did not indicate if the injured worker experienced any functional improvement in activities of daily

living with the use of her medication regimen. On July 23, 2015 the treating physician included a magnetic resonance imaging report of the lumbar spine performed on July 23, 2013 that was revealing for "mild to moderate degenerative changes of the lumbar spine." On July 23, 2015 the treating physician requested diagnostic bilateral transforaminal steroid injection using fluoroscopy at lumbar four to five and lumbar five to sacral one noting that the injured worker "failed conservative treatment (including drug therapy, activity modifications, and or physical therapy) along with noting that the injection is to decrease the injured worker's pain and inflammation, increase range of motion, and avoid surgery. The treating physician also requested a lumbar orthosis to assist with activity tolerance and Gabapentin 800mg by mouth every 6 hours with a quantity of 120 for the management of the injured worker's neuropathic pain. On August 25, 2015 the Utilization Review determined the requests for diagnostic bilateral transforaminal steroid injection using fluoroscopy at lumbar four to five and lumbar five to sacral one, lumbar orthosis back brace, and Gabapentin 800mg by mouth every 6 hours with a quantity of 120 to be non-approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic bilateral transforaminal steroid injection using fluoroscopy at L4-L5, L5-S1:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections (ESIs) as an option for treatment of radicular pain. Radicular pain is defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Research has shown that less than two injections are usually required for a successful ESI outcome. A second epidural injection may be indicated if partial success is produced with the first injection and a third ESI is rarely recommended. ESI can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The treatment alone offers no significant long-term functional benefit. Criteria for the use of ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and failed conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medications use for six to eight weeks. In this case, although there is a subjective complaint of radiculopathy, there is limited evidence of radiculopathy on physical examination and there are no corroborating imaging studies. The request for diagnostic bilateral transforaminal steroid injection using fluoroscopy at L4-L5, L5-S1 is not medically necessary.

Lumbar orthosis back brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: Per the MTUS Guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The clinical documents do not report an acute injury that may benefit from short-term use of a lumbar support for symptom relief. The MTUS Guidelines do not indicate that the use of a lumbar spine brace would improve function; therefore, the request for lumbar orthosis back brace is not medically necessary.

Gabapentin 800mg PO every 6 hours, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The MTUS Guidelines recommend the use of antiepilepsy drugs for neuropathic pain. Most randomized controlled trials for the use of antiepilepsy drugs for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy, with polyneuropathy being the most common example. There are few RCTs directed at central pain, and none for painful radiculopathy. A good response to the use of antiepilepsy drugs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response to this magnitude may be the trigger for switching to a different first line agent, or combination therapy if treatment with a single drug fails. 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 antiepilepsy drugs depends on improved outcomes versus tolerability of adverse effects. Gabapentin 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. The guidelines state the dosage of Gabapentin may be increased as needed up to a total daily dosage of 1800 mg in three divided doses. Doses above 1800 mg/day have not demonstrated an additional benefit in clinical studies. In this case, the injured worker is noted to have significant neuropathic pain, however, he is prescribed a daily dose of 2400 mg which is not supported by the guidelines. The request for Gabapentin 800mg PO every 6 hours, #120 is determined to not be medically necessary. The clinical documentation does not clearly show that the injured worker has neuropathic symptoms. The injured worker is reported to having improved pain and in activities of daily living, but there are no clinical findings that confirm functional improvement, and the injured worker is not reported as having returned to work. The request for Gabapentin 800mg PO every 6 hours, #120 is not medically necessary.