

Case Number:	CM15-0025089		
Date Assigned:	02/17/2015	Date of Injury:	11/19/2008
Decision Date:	04/03/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/10/2015

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: Family Practice

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 70 year old female, who sustained an industrial injury on November 19, 2008. The diagnoses have included tear lateral meniscus right knee, tear medial meniscus right knee, osteoarthritis right knee, herniated disc lumbar spine L4-L5 and L5-S1, status post lumbar laminectomy and discectomy at L4-5 and L5-S1 and status post arthroscopy right knee with partial medial and lateral Meniscectomy. Treatment to date has included oral pain medication and back surgery and knee surgery. Currently, the injured worker complains of low back pain and shoots down the right leg to the foot with numbness and tingling in the right leg. In a progress note dated November 3, 2014, the treating provider reports tender over the right sciatic notch. On January 19, 2015 Utilization Review non-certified a right transforaminal lumbar epidural steroid injection L4-5 and L5-S1 Nucynta ER 50mg every twelve hours as need quantity sixty, trial, and Lyrica 25mg twice a day as needed quantity sixty, trial. Medical Treatment Utilization Schedule Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Transforaminal Lumbar ESI (Epidural Steroid Injection) L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46,80,99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 45-46.

Decision rationale: According to the MTUS guidelines, in order to proceed with epidural steroid injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The guidelines also 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. In this case, the medical records do not establish physical examination findings consistent with radicular pain in a dermatomal and myotomal pattern and the medical records do not establish results of past epidural steroid injections. The request for right Transforaminal Lumbar ESI (Epidural Steroid Injection) L4-5, L5-S1 is therefore not medically necessary.

Nucynta Er 50mg every 12hrs as needed #60 (Trial): 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 Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Tapentadol (Nucynta).

Decision rationale: According to the MTUS guidelines, chronic use of opioids is not recommended for chronic non-malignant pain and long term use of opioid leads to habituation and tolerance. Furthermore, ODG notes that Tapentadol (Nucynta) is recommended only as second line therapy for patients who develop intolerable adverse effects with first line opioids. The medical records do not establish that the injured worker has developed intolerable adverse effects with first line opioids. The request for Nucynta Er 50mg every 12hrs as needed #60 (Trial) is not medically necessary.

Lyrica 25mg Twice per day as needed #60 (Trial): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Pregabalin (Lyrica, no generic available) Page(s): 16-20, 19.

Decision rationale: Per the MTUS guidelines, Antiepilepsy drugs (AEDs) drugs are recommended for chronic neuropathic pain. The injured worker is followed for chronic neuropathic pain and the request for antiepileptic drug would be supported. However, the medical cords do not establish that the injured worker has trialed and first line Antiepilepsy

drugs (AEDs) gabapentin. In addition, the dosing for neuropathy for Lyrica is to begin with 50 mg 3 times a day. In this case, as also noted by the prior peer reviewer, the requested dosage of Lyrica is insufficient to achieve benefit. As such, the request for Lyrica 25mg Twice per day as needed #60 (Trial) is not medically necessary.