

Case Number:	CM15-0090354		
Date Assigned:	05/14/2015	Date of Injury:	02/25/1993
Decision Date:	06/19/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/11/2015

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, Pain Management

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, male who sustained a work related injury on 2/25/93. The diagnoses have included status post hernia repair syndrome, genitofemoral ilioinguinal nerve entrapment, status post right orchiectomy, lumbar postlaminectomy syndrome and status post lumbar fusion. Treatments have included ilioinguinal injections and medications. In the PR-2 dated 11/26/14, the injured worker complains of cramping in right leg. He received a right ilioinguinal nerve block on 4/21/14 and obtained 90% pain relief. He has positive tinels right ilioinguinal. He has increased sensitivity in medial thigh and groin, which has improved moderately. He has decreased sensation in right posterolateral thigh. The treatment plan includes requests for a right L5-S1 tranforaminal epidural steroid injection and to refill prescription for Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 Tranforaminal epidural Steroid Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 26 and 46.

Decision rationale: Regarding the request for lumbar epidural steroid injection/selective nerve root block, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, after failure of conservative treatment. Guidelines recommend that no more than one interlaminar level or two transforaminal levels should be injected in one session. Within the documentation available for review, there are exam findings of reduced sensation in the posterolateral thigh consistent with neurological deficit in the L5-S1 region. However, there are no imaging or electrodiagnostic studies corroborating the diagnosis of radiculopathy. Lastly, there is no documentation of failure of conservative therapy. In the absence of such documentation, the currently requested lumbar epidural steroid injection is not medically necessary.

Lyrica 75mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drug. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-21.

Decision rationale: Regarding request for pregabalin (Lyrica), Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that 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 AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. In the absence of such documentation, the currently requested pregabalin (Lyrica) is not medically necessary.