

<b>Case Number:</b>	CM15-0094781		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	08/03/1992
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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 47 year old male, who sustained an industrial injury on 8/03/1992. The medical records submitted for this review did not include the details of the initial injury. Diagnoses include lumbago, Thoracic/lumbosacral neuritis/radiculitis, and post laminectomy syndrome. Treatments to date include medication therapy, epidural steroid injections, and insertion of a spinal cord nerve stimulator. Currently, he complained of severe low back and right radicular pain with associated pain, numbness, weakness and pain in bilateral lower extremities. Pain was rated 10/10 without medication, 5/10 VAS with medication. On 4/21/15, the physical examination documented tenderness and decreased lumbar range of motion. The straight leg raise was positive bilaterally. The plan of care included a repeat Caudal epidural steroid injection between 4/21/15 and 6/30/15, a twelve lead echocardiogram to rule out QTC, Neurontin 400mg #90 with two refills, Soma 350mg #90 with two refills, and Methadone HCL 10mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) repeat caudal epidural steroid injection (ESIs): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic): Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

**Decision rationale:** The patient was injured on 08/03/92 and presents with severe low back pain and right radicular pain due to failed back surgery symptom. The request is for one repeat caudal epidural steroid injection (no levels indicated). The utilization review determination rationale is that "there were no significant differences in either leg pain or disability at 12 months follow-up." The RFA is dated 04/30/15 and the patient is on temporary total disability. The patient had a prior ESI on 06/2014 (no levels indicated). In regards to epidural steroid injections, MTUS page 46-47 has the following criteria under its chronic pain section: "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing... In the therapeutic phase, 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." Regarding the lumbar spine, the patient has abnormal palpation and tenderness, a decreased range of motion, and a positive straight leg raise on both the right and left. The patient has an antalgic gait with the use of a single point adult walking cane. He is diagnosed with lumbago, thoracic/lumbosacral neuritis/radiculitis, and post laminectomy syndrome. The 02/17/15 report states that "the patient reports LLE radicular pain in the L4 and L5 distributions on the left. He has weakness with dorsiflexion and plantar flexion on left foot with a near absent left ankle flex vs the right. He uses a cane for stability with a loss of sensation L4-S1 on the left. Last caudal ESI was in 06/2014 which has given him 7 months of 85% relief of that pain which has allowed him to attend school. I do not want to increase his narcotic medications. Due to the beneficial response in the past, I would like authorization for a caudal ESI to treat LLE radicular symptoms in an L4 and L5 distribution." MTUS Guidelines require "at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks," for repeat blocks. Although the patient had 85% pain relief, the treater does not discuss imaging studies describing any potential nerve root lesions. In the absence of any discussion regarding a radiographic finding showing a potential nerve root lesion, ESI is not indicated. Finally, this patient presents with post-laminectomy syndrome and ODG guidelines do not support post-op ESI's in the L-spine. ODG states, "Not recommended post-op. The evidence for ESI for post lumbar surgery syndrome is poor." The requested repeat caudal epidural steroid injection is not medically necessary.

**Request for one 12 lead EKG to rule out QTC:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Preoperative testing, general.

**Decision rationale:** The patient was injured on 08/03/92 and presents with severe low back pain and right radicular pain due to failed back surgery symptom. The request is for one 12 lead EKG to rule out QTC. The RFA is dated 04/30/15 and the patient is on temporary total disability. The report with the request is not provided. It appears that the patient had a prior EKG, as the 02/17/15 report requests for "an updated EKG." The results of this EKG are not provided. With regards to medical clearance, ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter states: "Preoperative testing, general: See Preoperative electrocardiogram (ECG); & Preoperative lab testing. Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography." In this case, the treater would like to check the patient's heart for chronic Methadone use. He is requesting an EKG to rule out QTC. The request appears reasonable and in accordance with guidelines. The request is medically necessary.

**Neurontin 400mg #90 with 2 refills:** Overtuned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin (Gabapentin); Anti-epilepsy Drugs (AEDs).

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

**Decision rationale:** The patient was injured on 08/03/92 and presents with severe low back pain and right radicular pain due to failed back surgery symptom. The request is for Neurontin 400 mg #90 with 2 refills. The utilization review denial letter did not provide a rationale. The RFA is dated 04/30/15 and the patient is on temporary total disability. The patient has been taking this medication as early as 10/29/14. MTUS Guidelines page 18 and 19 revealed the following regarding gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain." MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Regarding the lumbar spine, the patient has abnormal palpation and tenderness, a decreased range of motion, and a positive straight leg raise on both the right and left. The patient has an antalgic gait with the use of a single point adult walking cane. He is diagnosed with lumbago, thoracic/lumbosacral neuritis/radiculitis, and post laminectomy syndrome. The 10/29/14 report states that the patient rated his pain as a 9/10 without medications and a 5/10 with medications. The 02/17/15 report states that he rated his pain as a 10/10 without medications and a 4/10 with medications. "The medications prescribed are keeping the patient functional, allowing for increased mobility, and tolerance of ADLs and home exercises. No side effects are associate with these." MTUS page 60

requires recording of pain assessment and functional changes when medications are used for chronic pain. It appears that Neurontin has been beneficial to the patient's pain and function. Given the discussion regarding efficacy, the requested Neurontin is medically necessary.

**Soma 350mg #90 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma (Carisoprodol); Muscle Relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The patient was injured on 08/03/92 and presents with severe low back pain and right radicular pain due to failed back surgery symptom. The request is for Soma 350 mg #90 with 2 refills. The RFA is dated 04/30/15 and the patient is on temporary total disability. The patient has been taking this medication as early as 10/29/14. MTUS Guidelines pages 63-66, "Carisoprodol (Soma): Neither of these formulations is recommended for longer than a 2- to 3-week period." This has been noted for sedated and relaxant effects. Regarding the lumbar spine, the patient has abnormal palpation and tenderness, a decreased range of motion, and a positive straight leg raise on both the right and left. The patient has an antalgic gait with the use of a single point adult walking cane. He is diagnosed with lumbago, thoracic/lumbosacral neuritis/radiculitis, and post laminectomy syndrome. MTUS recommends the requested Soma for no more than 2 to 3 weeks. In this case, the patient has been taking this medication as early as 10/29/14, which exceeds the 2 to 3 weeks recommended by MTUS Guidelines. Therefore, the requested Soma is not medically necessary.

**Methadone HCL 10mg #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Methadone. (2015).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89.

**Decision rationale:** The patient was injured on 08/03/92 and presents with severe low back pain and right radicular pain due to failed back surgery symptom. The request is for Methadone HCL 10 mg #240. The RFA is dated 04/30/15 and the patient is on temporary total disability. The patient has been taking this medication as early as 10/29/14. Reports are provided from 10/29/14 to 04/30/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." The 10/29/14 report states that the patient rated his pain as a 9/10 without medications and a 5/10 with medications. The 02/17/15

report states that he rated his pain as a 10/10 without medications and a 4/10 with medications. "The medications prescribed are keeping the patient functional, allowing for increased mobility, and tolerance of ADLs and home exercises. No side effects are associate with these." Although the treater provides before and after medication pain scales and discusses the patient's side effects/aberrant behavior, not all of the 4 A's are addressed as required by MTUS Guidelines. There are no specific examples of ADLs which demonstrate medication efficacy other than general statements. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no recent urine drug screens provided to see if the patient is compliant with his prescribed medications. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Methadone HCL is not medically necessary.