

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 12/5/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/2/2013
Date of Injury:	10/12/2011
IMR Application Received:	8/6/2013
MAXIMUS Case Number:	CM13-0006023

- 1) MAXIMUS Federal Services, Inc. has determined the request for **epidural steroid injection at L5-S1 under fluoroscopic control is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Neurontin is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Norco is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/6/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/26/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **epidural steroid injection at L5-S1 under fluoroscopic control is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Neurontin is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Norco is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The case involves a 55-year-old patient who was injured on 10/12/11 from rolling an ankle off a rock and breaking the fall with his left hand. The patient has lower back pain and decrease in dermatomal sensation L5 on the right, and pain on right L4, L5 and S1 distributions. SLR (Straight Leg Raise) is reported to be positive on the right at 75-90 degs. Dr [REDACTED] on 4/2/13 requested LESI x3 to be done by Dr [REDACTED]. The Lumbar MRI report, was still not available for this review, but Dr [REDACTED] reported it shows a 5-mm anterior protrusion at L4/5 and at L5/S1 there was a broad-based 4-mm central protrusion with facet arthropathy. 3/5/12 EMG/NCV BLE (electromyogram/nerve conduction velocities of both lower extremities) showed lumbosacral spasm, but otherwise in normal limits. Dr [REDACTED] provided an ESI (epidural steroid injection) at L5/S1 on 6/3/13 and reported 50% relief on 6/25/13 at which time he requested the 2nd ESI. Next follow up was on 7/23/13 and there was still 50% relief. There was no further reporting from Dr [REDACTED]. The 7/11/13 Neurology report, clarifies, the patient is taking Norco 3-4/day, and gabapentin 300mg at night. The neurologist noted the seizure disorder and recommended discontinuing gabapentin and prescribed Dilantin 300mg instead.

1/31/13 PR2, [REDACTED], MD, sending to pain management for SI (sacroiliac) injection and LESI. The patient is requesting a sleep study, as the patient had episodes of passing out rather than falling asleep, that sent the patient to the ER. Changes Norco to Vicoprofen due to ringing in his ears. Exam has positive SLR at 90 degs right, decreased sensation L3-S1 dermatomes right side. The patient was taking 1-8 tabs of Norco per day for pain. 2/6/13 Sleep study: abnormal sleep architecture, recommends CPAP (continuous positive air pressure device), weight loss, oral and nasal airway evaluation. 3/5/12 EMG/NCV BLE, [REDACTED], MD : Nerve condition testing in both lower extremities is within normal limits. EMG reveals bilateral lumbosacral muscle spasm, but is otherwise within normal limits (wnl). 3/7/13 PR2, Dr [REDACTED], saw Dr [REDACTED] on 4/19/12 who rec. facet blocks L4/5 and L5/S1 and a right L5/S1 ESI. Dr [REDACTED] requesting left CTR.

4/2/13 PR2, Dr [REDACTED], the patient had trauma 10 years ago causing seizures and was asymptomatic for 10 years, then hit his head on 10/12/11. The patient started experiencing seizures again. The patient needs to see a neurologist for AOE/COE issues. The exam showed decreased sensation L5 dermatome, right side. SLR positive 90 degs. recommends pain management with Dr [REDACTED] for LESI x3. 4/16/13 [REDACTED], MD, 4/5 strength RLE, decreased sensation right L4, L5 and S1, normal on left. SLR positive at 75 degs, right, 90 for left. Reviews MRI, notes *anterior* disc protrusion L4/5 with caudal migration, 5-mm. then there is a broad-based central protrusion at L5/S1 4-mm, with bilateral facet arthropathy.

6/3/13 L5/S1 ESI, by Dr [REDACTED]. 6/25/13 [REDACTED], MD, ESI has reduced his pain by over 50%. Requests authorization for a 2nd LESI at L5/S1 7/10/13 Dr [REDACTED], internal medicine, diagnoses seizure disorder. 7/11/13 [REDACTED], MD, neurology, notes 8 seizures since 2/2013. Takes Norco 3-4/day. Cyclobenzaprine 3/day, and recently taking gabapentin 300mg at night. Gabapentin was recommended by a nurse friend who had apparently witnessed the seizure in May. The patient was previously on Dilantin which appeared to successfully control his seizures. I am restarting him on Dilantin at 300mg at bedtime. I told him to take gabapentin for another day or two but then to discontinue gabapentin. 7/23/13 [REDACTED], MD, still over 50% improved from ESI.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for epidural steroid injection at L5-S1 under fluoroscopic control:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, page 46, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 46, Epidural steroid injections, which is part of the MTUS.

Rationale for the Decision:

The series of three lumbar ESI requested by Dr [REDACTED] on 4/2/13 is not in accordance with MTUS guidelines. MTUS requires 50% reduction in pain and reduction in medications for 6-8 weeks. The repeat L5/S1 ESI recommended by Dr [REDACTED] on 6/25/13 is only 3-weeks out, and would not meet MTUS criteria. However, the 7/23/13 request for the L5/S1 ESI by Dr [REDACTED], appears to meet MTUS criteria. There was still 50% relief, and this is now 7-weeks out. There were clinical findings of radiculopathy, decreased sensation right L5, and positive SLR, EMG/NCV did show lumbosacral spasm, and MRI did show a central disc protrusion at L5/S1. **The request for epidural steroid injection at L5-S1 under fluoroscopic control is medically necessary and appropriate.**

2) Regarding the request for Neurontin:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, pages 16 and 19, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Antiepilepsy drugs (AEDs), pages 16 - 19, which is part of the MTUS.

Rationale for the Decision:

According to the neurologist, Dr [REDACTED], on 7/11/13, the Neurontin was recommended for treatment of seizures. The employee was taking 300mg gabapentin at night, by the suggestion of his nurse friend who witnessed a seizure. Dr [REDACTED] recommended discontinuing the Neurontin and prescribed Dilantin instead. So the Neurontin is not necessary for the employee's seizures. However, the employee also has neuropathic pain, and MTUS does recommend Gabapentin as a first-line therapy. Looking through the medical reports, there is no discussion of the benefits with Neurontin regarding the neuropathic pain. MTUS in general, for antiepilepsy drugs states a moderate response to the use of AEDs is 30% reduction in pain. If this response has not been met, MTUS recommends switching to a different first-line agent, or combination therapy. The medical records did not show a 30% improvement with Neurontin for neuropathic pain, so continuing with this, by itself, is not in accordance with MTUS

recommendations. **The request for Neurontin is not medically necessary and appropriate.**

3) Regarding the request for Norco:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, page 78, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Pain Outcomes and Endpoints, pages 8 and 86 - 87, which is part of the MTUS.

Rationale for the Decision:

The employee has chronic pain in the back and wrist. Earlier Medical reports from Jan. 2013 show he was taking up to 8 tablets of Norco for pain on an as needed basis. The employee did have an ESI in June 2013, that resulted in a 50% reduction of pain. The more recent reports from July 2013 show reduced Norco intake to 3-4 tablets/day. This is within the MTUS dosing recommendations. The prescribing physician will need to start listing complete prescription information and discuss efficacy to reduce UR delays. UR was correct in noting they could not tell if the Norco was beneficial or not. I consider the use of Norco appropriate in this case, as MTUS recommends treatment for as long as pain persists, and does not have strict clause stating Norco must be stopped if there is an unsatisfactory response. MTUS states, "If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities" **The request for Norco is medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.