MAXIMUS Federal Services

Case Number:	CM13-0009213		
Date Assigned:	10/11/2013	Date of Injury:	02/04/2006
Decision Date:	01/14/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a sixty eight year old male who reported an injury on 02/04/2006. The mechanism of injury was not provided. The patient was noted to have pain in the right leg and was noted to complain of severe and intractable low back pain. The patient was noted to have a previous epidural steroid injection and physical therapy. The diagnoses are stated to be low back and lower extremity pain, left greater than right, lumbar spondylosis with radiculopathy per electromyography, and chronic low back pain. The request was made for a repeat lumbar epidural steroid injection, with post physical therapy, and a random urine drug screen three times a year, and Ketoprofen Gabapentin, and Lidocaine topical lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-L5,L5-S1 transforaminal epidural steroid injection under fluorscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section: Epidural Steroid Injection.

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

Decision rationale: California Medical Treatment Utilization Schedule(MTUS) Guidelines recommend 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. The clinical documentation submitted for review indicated the patient had a lumbar transforaminal epidural steroid injection on 05/09/2012 followed by physical therapy treatments.The patient was noted to report 30% improvement of symptoms for 9 months. The clinical documentation submitted for review failed to provide the patient had documented pain and functional improvement and failed to provide the patient had a 50% pain relief with associated reduction of medication use for 6 to 8 weeks. Given the above and the lack of exceptional factors, the request for left L4-5, L5-S1 transforaminal epidural steroid injection under fluoroscopy is not medically necessary.

Physical therapy two times a week for four weeks following epidural steriod injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section: Low Back Chapter, Physical Therapy, Online Version.

Decision rationale: California Medical Treatment Utilization Schedule(MTUS) and American College of Occupational and Environmental Medicine (ACOEM) Guidelines, do not address post injection physical therapy. Official Disability Guidelines support post injection treatment for one to two visits over one week. The clinical documentation submitted for review failed to support the necessity for an epidural steroid injection. The requested therapy is excessive in nature and would not be supported as per recommendations post injection is noted to be a maximum of two visits. As such the request for physical therapy two times a week for four weeks is not medically necessary.

Random urine drug screening three times per year: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend urine drug screens for on-going management when the patient has documented issues of drug abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to provide the patient had documentation of a high risk for abuse. The patient was noted to have an appropriate drug screen on 12/05/2012 and 06/28/2013. The patient was noted to be taking Vicodin on an as needed basis and therefore the the request for random urine drug screening 3 times a year is not supported. As such, the request is not medically necessary.

Compounding medications Ketoprofen/Gabapentrin/ Lidocaine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics,Topical Gabapentin,Topical Lidocaine Page(s): 111-113.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) indicates: "Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety....Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of Ketoprofen: This agent is not currently FDA approved for a topical application...Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Other anti-epilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product...Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." (Chronic Pain Medical Treatment Guidelines, Topical Analgesics, page 111, Topical Gabapentin page 113, Topical Lidocaine page 112) The clinical documentation submitted for review failed to provide exceptional factors to warrant nonadherence to guideline recommendations. Additionally, it was noted that the patient had failed gabapentin. The documentation indicated that patient was utilizing a Lidoderm patch and failed to provide the necessity for a second form of Final Determination Letter for IMR Case Number [redacted] Lidocaine. Given the above, the request for compounding medications ketoprofen/gabapentin/Lidocaine is not medically necessary.