

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0017223 | | |
| Date Assigned: | 11/06/2013 | Date of Injury: | 08/27/2004 |
| Decision Date: | 01/14/2014 | UR Denial Date: | 08/16/2013 |
| Priority: | Standard | Application Received: | 08/27/2013 |

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 and rehabilitation, has a subspecialty in interventional spinal medicine 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.

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 59-year-old with a date of injury on 8/27/04. The progress report dated 7/12/13 by [REDACTED] noted that the patient complained of a recent increase in low back pain that radiates down the left lower extremity with associated numbness and weakness. He rated his pain at 10/10 coming down to 7-8/10 with pain medication. The patient has increased his usage of Norco up to 6 a day due to increased pain. It was noted that the patient was able to reduce the number of Norco down to 3 a day following his previous lumbar ESI (epidural steroid injection) on 3/7/13. He reported 50% improvement in back and left leg pain for 3 months and improved ability to walk. It was noted that the patient also had 7-8 weeks of 50% improvement from lumbar ESI on 9/5/12. Exam findings included hypesthesia along the lateral calf and medial foot on the left side and posterior thigh and calf on the right side. The patient's diagnoses include: multilevel degenerative disc disease with degenerative spondylosis and facet disease most pronounced at L4-L5 and L5-S1; left Lt radiculopathy by EMG (electromyography). Lumbar MRI dated 7/2/13 showed 3-4 mm disc bulge at L4-L5 with foraminal narrowing left greater than right and a 2-3 mm disc bulge at L5-S1 with bilateral foraminal narrowing. A request was made for a repeat left L4-L5 and L5-S1 ESI, continued use of Norco not to exceed 6 per day, # 180, Trazadone for neuropathic pain and insomnia, and Dendracin lotion for neck and low back as well as neuropathic symptoms in the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-L5 and L5-S1 epidural steroid injection under fluoroscopic guidance: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Section Page(s): 46-47.

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines states "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. Also required is documentation of radiculopathy by physical exam corroborated by imaging studies and symptoms initially unresponsive to conservative treatment." The progress report dated 7/12/13 by [REDACTED] noted that the patient complained of a recent increase in low back pain that radiates down the left lower extremity with associated numbness and weakness. He rated his pain at 10/10 coming down to 7-8/10 with pain medication. The patient has increased his usage of Norco up to 6 a day due to increased pain. It was noted that the patient was able to reduce the number of Norco down to 3 a day following his previous lumbar ESI on 3/7/13. He reported 50% improvement in back and left leg pain for 3 months and improved ability to walk. It was noted that the patient also had 7-8 weeks of 50% improvement from lumbar ESI on 9/5/12. Exam findings included hypesthesia along the lateral calf and medial foot on the left side and posterior thigh and calf on the right side. The patient's diagnoses include: multilevel degenerative disc disease with degenerative spondylosis and facet disease most pronounced at L4-L5 and L5-S1; left Lt radiculopathy by EMG. Lumbar MRI dated 7/2/13 showed 3-4 mm disc bulge at L4-L5 with foraminal narrowing left greater than right and a 2-3 mm disc bulge at L5-S1 with bilateral foraminal narrowing. This case appears to meet the Chronic Pain Medical Treatment Guidelines requirements noted above. The request for left L4-L5 and L5-S1 epidural steroid injection under fluoroscopic guidance is medically necessary and appropriate.

Norco 10/325mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89.

Decision rationale: The Physician Reviewer's decision rationale: According to the Chronic Pain Medical Treatment Guidelines, functional documentation at least once every 6 months of a decrease in pain, increased level of function, or improved quality of life for a satisfactory response to treatment with opioid medication is required. Also under strategy for maintenance it states "do not attempt to lower the dose if it is working". This case appears to be supported by the guidelines noted above. The request for Norco 10/325mg is medically necessary and appropriate.

Dendracin lotion: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111.

Decision rationale: The Physician Reviewer's decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine is indicated for neuropathic pain in the form of a dermal patch, No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." The Chronic Pain Medical Treatment Guidelines also states, regarding Salicylate topicals, that they are recommended for chronic pain. However lidocaine is only supported for topical application in the form of a patch. Dendracin lotion has benzocaine in it which is a local anesthetic similar to lidocaine. The request for Dendracin lotion is not medically necessary or appropriate.