

Case Number:	CM13-0022876		
Date Assigned:	12/11/2013	Date of Injury:	04/02/1986
Decision Date:	02/11/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	09/11/2013

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, and is licensed to practice in Illinois. 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 85-year-old who reported an injury on 04/02/1986. The mechanism of injury information was not provided in the medical record. The most recent clinical note dated 07/25/2013 reported the patient had continued complaints of sciatic and back pain that was aggravated by walking, bending, lifting, and standing. The patient diagnoses included spinal stenosis (ICD-9 Code 724.00), pain, low back (ICD-9Code 724.2), and sciatica (ICD-9Code 724.3). The patient medication regimen included Vicodin 5/500mg 1 tablet twice daily, Lyrica 50mg 1 capsule twice daily, and Pennsaid Drops 1.5% apply topically 5-6 drops 3 to 4 times a day. There was noted decreased range of motion, positive paraspinal spasms, and abnormal sensory examination. The patient was to continue anti-inflammatory modalities and therapeutic exercise as tolerated.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Pennsaid 1.5%, 150 ml, with 3 refills: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines states any compounded product that contains at least one drug (or drug class) that is not recommended is not

recommended. The efficacy of topical NSAIDs in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. The requested medication is an NSAID (non-steroidal anti-inflammatory drug) and it contains diclofenac sodium 1.5%. The the Chronic Pain Medical Treatment Guidelines states diclofenac may be used in gel form of 1% for osteoarthritis, but there are no supporting findings that the increased percentage of diclofenac will change the efficacy of the medication. The requested medication contains too high of a percentage of the ingredient diclofenac sodium, and per the the Chronic Pain Medical Treatment Guidelines, if a compound product contains one drug that is not recommended it is not recommended. The request for one prescription of Pennsaid 1.5%, 150 ml, with 3 refills, is not medically necessary or appropriate.

One caudial epidural steroid injection under ultrasound guidance: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs), Page(s): 46.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states purpose of epidural steroid injection is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing. There are no diagnostic studies revealing radiculopathy provided in the medical record, and per the Chronic Pain Medical Treatment Guidelines, there must be both physical findings and diagnostic studies to correlate these findings. The request for one caudial epidural steroid injection under ultrasound guidance is not medically necessary or appropriate.

One prescription of Vicodin 5/500 mg, 60 count, with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): s 78-79.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states purpose of epidural steroid injection is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing. There are no diagnostic studies revealing radiculopathy provided in the medical record, and per the Chronic Pain Medical Treatment Guidelines, there must be both physical findings and diagnostic studies to correlate these findings. The request for one prescription of Vicodin 5/500 mg, 60 count, with 3 refills, is not medically necessary or appropriate.

