

Case Number:	CM13-0029814		
Date Assigned:	06/06/2014	Date of Injury:	03/15/2010
Decision Date:	07/18/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	09/27/2013

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. The expert 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 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/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 injured worker is a 50-year-old man who reported an injury on 03/15/2010. The mechanism of injury was not provided in the medical records. The clinical note dated 08/26/2013 indicated diagnosis of status post anterior lumbar interbody fusion at L5-S1 performed on 03/26/2012 with encroachment of the foramina and bilateral lower extremity radiculopathy with bilateral neural foraminal stenosis at L5-S1 and subacute coccygeal fracture with coccydynia. The injured worker reported constant left low back pain rated 5-6/10 with radiation to the left lower extremity with numbness and tingling to the bilateral lower extremity that increased with prolonged standing. The injured worker reported coccygeal pain rated 5- 6/10. The injured worker reported he had continued his home exercise program. On physical exam of the lumbar spine there was tenderness to the sciatic notch. The injured worker had a straight leg raise test that was positive to the left. The injured worker had decreased sensation to touch over the L5 and S1 nerve root distribution. There was weakness in the lower extremity motor strength testing, in the left extensor hallucis longus, peroneus longus, and gastrocnemius muscle groups at 4/5. The injured worker's prior treatments have included surgery and medication management. The provider submitted request for left side epidural steroid injection at lumbar 5 to sacral 1, Medrox patch, and decision for Flurbiprofen 20% gel 120 g. The injured worker's medication regimen included Norco, Flurbiprofen, and naproxen. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SIDED EPIDURAL STEROID INJECTION AT LUMBAR FIVE TO SACRAL ONE: 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 (ESI) Page(s): 46.

Decision rationale: The request for LEFT SIDED EPIDURAL STEROID INJECTION AT LUMBAR FIVE TO SACRAL ONE is non-certified. The California Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. The guidelines state radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). There is lack of evidence in the documentation provided of exhaustion of conservative therapy such as physical therapy. In addition, the official MRI was not submitted for review. Therefore, the request for left sided epidural steroid injection at lumbar 5 to sacral 1 is non-certified.

MEDROX PATCHES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESIC Page(s): 111-113.

Decision rationale: The request for MEDROX PATCHES is non-certified. Medrox contains (Methyl Salicylate 20.00 %, Menthol 5.00 %, Capsaicin 0.0375 %). The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also indicate any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is generally available as a 0.025% formulation. Capsaicin is generally available as a 0.025% formulation. The amount of Capsaicin in Medrox is excessive. In addition, the request does not provide a dosage, frequency, or quantity for the medication. Therefore, the request for Medrox patches is non-certified.

FLURBIPROFEN 20% GEL 120 GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESIC Page(s): 111-112.

Decision rationale: The request for FLURBIPROFEN 20% GEL 120 GM is non-certified. The California Chronic Pain Medical Treatment Guidelines states Flurbiprofen is a topical NSAID indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. The guidelines also recommend for short-term use of 4 to 12 weeks. The documentation submitted did not indicate the injured worker had findings that would support he was at risk for osteoarthritis or tendonitis of the knee, elbow, or any other joints. Additionally, there is lack of documentation of efficacy and functional improvement. In addition, the request did not provide a quantity for the medication. Therefore, the request for Flurbiprofen is non-certified.