MAXIMUS Federal Services

Case Number:	CM13-0030071		
Date Assigned:	01/31/2014	Date of Injury:	07/15/2008
Decision Date:	04/24/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	09/25/2013

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 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 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 50-year-old male who was injured on 07/15/2008. The mechanism of injury is unknown. Prior treatment history has included nine epidural injections in the course of four years since 2009. He has undergone and failed conservative treatments including anti-inflammatories, muscle relaxers, and physical therapy. A previous epidural injection was performed on 12/14/2012, which lasted 6 months with improvement. Diagnostic studies reviewed include MRI of the lumbar spine revealed disc protrusions at multiple levels including L4-L5 and L5-S1. There is a large area measuring 9 mm by 9 mm of contrast enhancement which is consistent enhancement which is consistent with scarring, left side greater than right, in the L5-S1 interspace and there is also severe bilateral foraminal narrowing. Supplemental report dated 07/25/2013 indicated the patient demonstrates a positive straight leg raise and works in his usual capacity. PR2 dated 09/18/2013 indicated the patient is status post lumbar epidural steroid injection on 08/28/2013 with 50% pain relief in the low back and 60% relief in the legs. His functional ability has increased to 30% with increase in activity level and endurance. Prior to epidural, sitting tolerance was approximately 30 minutes, now 60 minutes; walking tolerance before three blocks, now six blocks. Objective findings on exam revealed straight leg raise is positive at 60 degrees; sensation is decreased at L5/S1. His range of motion measurements is flexion 40 degrees; extension 20 degrees; right lateral 20 degrees; and left lateral 20 degrees. The patient was instructed to continue Celebrex, continue with home exercise program, and wean medications as tolerated. Gastroenterology Evaluation Qualified Medical Examination Report, April 22, 2013 revealed endoscopic findings of gastroduodenitis possibly related to NSAIDs, Celebrex. He was strongly advised to abstain from the use of NSAIDs as much aspossible and given a recommendation for proper dietary restrictions for GERD including lifestyle modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL UNDER FLUOROSCOPIC GUIDANCE L5-S1 (X1): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Epidural Steroid Inject.

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

Decision rationale: The purpose of ESI 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. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 7) In the therapeutic phase, repeat blocks should only be offered if there is at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The medical records demonstrate the patient most recently underwent a lumbar epidural steroid injection on 8/28/2013. The progress reports on 9/18/2013 and 11/27/2013 document the patient's claim of 50% relief of back pain and 60% relief of leg pain, and increased walking and sitting tolerance. Guidelines indicate that repeat blocks should only be offered if there is at least 50% pain relief for six to eight weeks. It is unclear from the medical record if that pain relief from previous ESI lasted longer than 6 weeks. The objective findings documented on these examinations are unchanged. The medical records do not establish the patient presents with worsening symptoms of painful radiculopathy, or change in objective findings. Additionally, the 11/27/2013 progress report documents the patient's medication regimen has been changed to include Naprosyn and he is instructed to continue his home exercise program. The information provided indicates the patient continues to do well post epidural injection and conservative measures should continue. The request for a lumbar epidural steroid injection is not supported by the guidelines, would not be recommended at this time.

TOPICAL COMPOUND CREAM-KETAMINE 15%, GABAPENTIN 6%, BACLOFEN 2%, CYCLOBENZAPRINE 2% AND FLURIPROFEN 10%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics. Page(s): 71-72.

Decision rationale: According to the guidelines, Ketamine is currently under study. It is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. The medical records do not substantiate neuropathic

pain with exhaustion of appropriate first- and second-line therapies. According to the guidelines, muscle relaxants, such as cyclobenzaprine, are not recommended in topical formulation. Additionally, gabapentin is also not recommended by the guidelines. There is no peer-reviewed literature to support use. As per the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Consequently, the medical necessity of this topical compound is not established.