

Case Number:	CM13-0030095		
Date Assigned:	11/27/2013	Date of Injury:	10/25/2011
Decision Date:	02/13/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/27/2013

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 Internal Medicine and Cardiology and is licensed to practice in Texas. 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 44-year-old male who reported an injury on 10/25/2011. The patient was reportedly rear-ended in a motor vehicle accident which caused bilateral shoulder injuries, soft tissue injuries of his neck, and low back disc injury. The patient was seen in 08/2013 for continued pain in the neck and back as well as his right shoulder and for his depression. Objective findings noted tenderness and spasms in the neck and back, cervical range of motion was noted as flexion of 45 degrees and extension 45 degrees. The patient was seen on 09/10/2013 for a pain management follow-up consultation regarding his lower back associated with severe lumbar muscle spasms, with limited range of motion of the lumbar spine. The patient states that his pain has been increasing in severity and intensity in recent weeks. He describes his pain as an 8/10 most of the time, with flare ups reaching up to 9/10. On 09/21/2013, the patient returned with neck and back stiffness, as well as pain and tenderness of the lumbar spine region. The patient was most recently seen on 10/12/2013 for ongoing neck pain with stiffness and depression. He was noted as having left leg tingling, with tightness in the cervical and lumbar area. The patient has been diagnosed with a sprain/strain of the cervicodorsal, sprain/strain of the lumbar spine, and depression disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection at C7-T1 with catheter to right C3-C4, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Under California MTUS, it states that epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). However, it further states that there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. As documented in the clinical notes, the patient has had ongoing complaints of neck pain as well as pain in his lumbar region. However, due to the non-recommendation for epidural steroid injections for the cervical spine, the requested service cannot be warranted at this time. As such, the requested service is non-certified.

Fluoroscopic guidance, QTY: 1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Compound med-Flurbiprofen 10%/Capsaicin 0.025%/methyl salicylate 4%/ in Lipoderm base, 120gm QTY: 1.00: Upheld

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

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

Decision rationale: Under California MTUS, it states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonist, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In the case of this patient, although he has been having ongoing chronic pain in his neck and lower back, due to the non-recommendation per California MTUS for the combination of topical analgesics to include certain ingredients, such as Capsaicin, the requested service cannot be certified at this time.

**Compound med-gabapentin 5%/Tramadol 10%/Baclofen 2.5% in Lipoderm base 120gm,
QTY: 1.00: Upheld**

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

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

Decision rationale: Under California MTUS, it states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonist, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In the case of this patient, although he has been having ongoing chronic pain in his neck and lower back, due to the non-recommendation per California MTUS for the combination of topical analgesics to include certain ingredients, such as Baclofen, the requested service cannot be certified at this time.