

Case Number:	CM13-0031880		
Date Assigned:	12/04/2013	Date of Injury:	04/11/2012
Decision Date:	01/22/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/04/2013

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, Pain Management has a subspecialty in Interventional 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. 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 46 year old female with injury date of 4/11/12. The patient's diagnoses are Lumbar discopathy, left carpal tunnel syndrome per [REDACTED] report. The patient presents with pain in the left wrist, waiting for surgery, constant severe pain of the low back that radiates to the left lower extremity, numbness and tingling. Exam showed positive tinel's and phalen's, weak grip, and the lumbar spine showed tenderness from mid to distal lumbar segments, pain with terminal motion, seated nerve root test is positive. Requests were pain management consult for L-ESI, chiropractic for 2x4 for symptomatic relief. 6/18/13 report states that the patient is compliant with medications but Naproxen is causing stomach irritation. Listed meds were Naproxen, Omeprazole, Zofran, Flexeril for spasms and the patient reports relief; Ultracet, Medrox pain ointment which has provided significant relief of muscle pain and aches. On 6/4/13, the patient was making significant progress with PT and additional therapy was requested for 8 sessions. MRI L-spine from 3/22/13 showed 3-4mm disc bulge at L5-1. EMG of upper extremities was negative from 4/22/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consult for possible LESI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7

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

Decision rationale: This patient presents with low back and radiating symptoms into the lumbar spine. Symptoms are described as going down the left leg with numbness and tingling. Examination was significant for positive SLR in seated position with palpatory tenderness in the lumbar spine. MRI showed bulging disc measuring 3-4mm at L5-S1. The treater has asked for pain management consult for L-ESI. MTUS requires documentation of radiculopathy for consideration of an ESI. The AMA guidelines 5th edition has the following regarding the definition of radiculopathy: (p382) "Radiculopathy for the purposes of the guides is defined as significant alteration in the function of a nerve root or nerve roots and is usually caused by pressure on one or several nerve roots. The diagnosis requires a dermatomal distribution of pain, numbness, and/or paresthesias in a dermatomal distribution. A root tension sign is usually positive. The diagnosis of herniated disc must be substantiated by an appropriate finding on an imaging study. The presence of findings on an imaging study in and of itself does not make the diagnosis of radiculopathy. There must also be clinical evidence as described above." In this patient, while the treater describes pain down the leg, there is lack of "dermatomal distribution of pain, numbness, and/or paresthesias" meaning that the patient's leg pain is not well-defined to constitute radiculopathy. Furthermore, there is lack of corroboration between the patient's symptoms and radiographic findings. While a large bulging discs/protrusion can cause radiculopathy, this finding must be corroborated with the patient's symptoms and exam findings. In this case, potential S1 nerve distribution pain is not described, and it is questionable whether or not a bulging disc can cause any radiculopathies. Given that the patient does not present with a clear picture of radiculopathy, MTUS would not support an ESI. Recommendation is for denial.

Chiropractic care, 8 visits (2x4), Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Treatments Page(s): 58 & 59.

Decision rationale: While the review of the reports do not show that the patient has tried chiropractic treatments for low back symptoms, the treater's current request is for 8 sessions. MTUS allows up to 6 trial sessions before going up to 18 sessions if functional improvements are demonstrated. The current treater's request exceeds what is recommended by MTUS for a trial of Chiropractic treatments. Recommendation is for denial.

Lenza gel 120gm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.physiciansproducts.net

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

Decision rationale: MTUS guidelines do not support lidocaine in any other form than in a patch. MTUS states, "No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Lenza gel is a topical lidocaine and menthol gel. Recommendation is for denial.

Medrox Patch QTY 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

Decision rationale: Medrox cream contains methyl salicylate and capsaicin. MTUS states that when compounded topical products are considered, all of the components must be indicated, otherwise, the entire compound is not recommended. In this case, methyl salicylate (an NSAID) topical is not indicated for the patient's current symptoms of low back pain, radicular symptoms, and left carpal tunnel syndrome. Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis type of conditions only. Recommendation is for denial of the request.

Cyclobenzaprine tablets 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine(Flexiril, Amrix, Fexmid, generic available) Page(s): 64.

Decision rationale: Flexeril is not recommended for a long-term use per MTUS guidelines. Only short-term for 3-4 days and maximum of 2-3 weeks are recommended for musculoskeletal pain and spasm conditions. This patient is prescribed #120 and the treater does not indicate that it is to be used for short-term only. At 4 doses per day, 3-4 day course of treatment would require 16 pills, and at 3 weeks, 60 pills at most. It does appear that Flexeril is prescribed for a long-term use. Recommendation is for denial.