MAXIMUS Federal Services

Case Number:	CM13-0036941		
Date Assigned:	12/13/2013	Date of Injury:	05/26/2003
Decision Date:	02/13/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/21/2013

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 Geriatrics, and is licensed to practice in New York, Pennsylvania, and Washington. 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 injured worker is a 56 year old man who was injured on 5/26/03 due to continuous trauma. The worker has undergone various diagnostic and treatment modalities including radiographs, an MRI of the lumbar spine, and a prior epidural injection which did not provide significant relief of his symptoms. He had complaints of right sided neck pain, and low back pain, unchanged from the previous visit. The pain was 7-8/10 and aggravated by prolonged sitting and walking. His medications included Ultram and bio-therm (capsaicin) cream. His physical exam was significant for midline tenderness to palpation in the right paracervical and upper trapezius muscles. He had pain with range of motion. Reflexes were normal and equal and sensation was intact in his upper extremities. He had bilateral sacroiliac joint tenderness to palpation and paraspinous muscle tenderness and spasms. Straight leg raise was positive on the right. Reflexes were normal as was sensation in his lower extremities. An MRI dated 5/24/13 was reviewed showing 3mm anterolisthesis and 3mm broad-based disc bulge at L5-S1 with no significant central canal stenosis. There was no change in comparison to an MRI from 12/1/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

one lumbar epidural steroid injection at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines.

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

Decision rationale: Per the MTUS, epidural spine injections (ESIs) are recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than two ESI injections. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection; a third ESI is rarely recommended. ESIs can offer short term pain relief, and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that ESIs may lead to an improvement in radicular lumbosacral pain between 2-6 weeks following the injection, but they do not affect impairment of function, or the need for surgery. They also do not provide long-term pain relief beyond three months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. Though the physical exam does suggest radicular pathology, the worker does not meet the criteria as there is not clear evidence in the records that he has failed conservative treatment with exercises, physical methods, NSAIDS, and muscle relaxants. Additionally, the epidural injection has already been provided in the past with no improvement in his symptoms. The request is not medically indicated.

60 Tylenol No. 3 (Codeine 30/Acetaminophen 300mg): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 35.

Decision rationale: Tylenol No. 3 is acetaminophen combined with an opioid analgesic and recommended as an option for mild to moderate pain. Per the MTUS, opioids appear to be efficacious, but limited for short-term pain relief, and efficacy past six weeks is unclear, but appears limited. Limited information indicated that up to one-fourth of patients who receive opioids exhibit aberrant medication-taking behavior. In this case, the records do not substantiate the need for ongoing opioid use and do not address tolerance, dependence, or pain relief in the past. The records do not justify the prescription for continued Tylenol with codeine or clinical evidence to support medical necessity. The request is non-certified.

4 oz. Bio-Therm (Capsaicin 0.002%): Upheld

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

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

Decision rationale: Per the MTUS, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Regarding capsaicin, it is recommended only as an option in patients who have not responded to or are intolerant to other treatments. The records do not provide clinical evidence to support medical necessity. The request is non-certified.