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| Case Number: | CM13-0037809 | | |
| Date Assigned: | 12/18/2013 | Date of Injury: | 06/24/2001 |
| Decision Date: | 02/18/2014 | UR Denial Date: | 10/08/2013 |
| Priority: | Standard | Application Received: | 10/24/2013 |

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, has a subspecialty in Pain Medicine, and is licensed to practice in Oklahoma and 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 39-year-old male who reported injury on 06/24/2001. The mechanism of injury was not provided. The patient was noted to have pain a 7/10 to 8/10. The patient was noted to have moderate to severe lumbar pain radiating into the bilateral lower extremities. The patient's physical examination revealed sensation was intact to light touch throughout the bilateral lower extremities. The deep tendon reflexes were noted to be normal at 2/4 and the motor strength was noted to be 5/5 in the bilateral lower extremities. The patient was noted to have a positive Kemp's, Patrick's, and minor's sign. The patient's diagnoses were noted to be lumbago, lumbar facet joint pain, chronic pain syndrome, lumbar neuritis, and sacroiliac joint pain. The request was made for medication refills as well as a lumbar epidural steroid injection at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

unknown prescription of compounded transdermal analgesic cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

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

Decision rationale: CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control; however, 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, therefore, is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The clinical documentation submitted for review failed to provide the ingredients of the requested topical analgesic. Given the above and the lack of documentation of the ingredients as well as the quantity, the request for an unknown prescription of compounded transdermal analgesic cream is not medically necessary.

unknown prescription of Magnesium: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Opioid Therapy Page(s): 77. Decision based on Non-MTUS Citation <http://www.drugs.com/search.php?searchterm=magnesium+sulfate>

Decision rationale: Per California MTUS when initiating opioid therapy, prophylactic treatment of constipation should be initiated. Per drugs.com, magnesium sulfate is used as a laxative to relieve occasional constipation. The clinical documentation submitted for review failed to provide the rationale for the requested medication. Additionally, there was a lack of documentation of quantity and strength as well as form as magnesium comes in multiple forms. Given the above, the request for an unknown prescription of magnesium is not medically necessary.

1 Lumbar epidural injection at 4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

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

Decision rationale: California MTUS guidelines recommend for an Epidural Steroid injection that Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and it must be initially unresponsive to conservative treatment. The clinical documentation submitted for review failed to provide the patient had radiculopathy upon examination as the myotomal and dermatomal findings were noted to be normal. Additionally, there was a lack of documentation of corroboration by imaging studies

and/or electrodiagnostic testing and there was a lack of documentation indicating the patient was initially unresponsive to conservative treatment. Given the above, the request for 1 lumbar epidural injection at L4-5 and L5-S1 is not medically necessary.