

Case Number:	CM13-0039047		
Date Assigned:	12/18/2013	Date of Injury:	07/04/2012
Decision Date:	02/10/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/02/2013

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, 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:

This is a 35 year-old male who injured his lower back on 7/4/12, on his first day of work picking grapes for a farm. He lifted a 35 lbs tray of grapes and felt a pop in his back. According to the 9/11/13 report from [REDACTED], he still has 7/10 pain in the low back and down the left leg and is diagnosed with herniated nucleus pulposus lumbar L4/5 and L5/s1 with stenosis and bilateral foraminal narrowing; lumbar radiculopathy and chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request of one left L4, L5, and S1 transforaminal epidural steroid injection:

Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) states epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." California Medical Treatment Utilization Schedule (MTUS) gives specific criteria for epidural steroid injections, it states, "Radiculopathy must be documented by physical examination and

corroborated by imaging studies and/or electrodiagnostic testing." The available records did not report a dermatomal distribution of pain. There were no exam findings of any neurologic deficits following a dermatomal or any specific radicular pattern. The patient's pain drawing on 9/11/13 shows involvement of the whole anterior portion of the right leg and the whole posterior portion of the left leg. The pain does not follow a dermatomal pattern, and apparently the 9/11/12 Electromyogram and Nerve Conduction Studies showed a normal study. California Medical Treatment Utilization Schedule (MTUS) also states, "No more than two nerve root levels should be injected using transforaminal blocks." The request before me is for 3-levels L4, L5 and S1. There are imaging studies that show foraminal narrowing at L4/5 and L5/S1, but no physical exam findings of radiculopathy, and the number of root levels exceeds California Medical Treatment Utilization Schedule (MTUS) recommendations. The request is not in accordance with California Medical Treatment Utilization Schedule (MTUS) guidelines.

Prospective request of one prescription of Hydrocodone/APAP 5/325 #90: Overturned

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

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

Decision rationale: The report shows the patient was using Tramadol ER 150mg, qd prn, but it was not controlling his pain levels, so the physician suggested a trial of Norco 5/325mg. Utilization Review denied the trial of Norco, citing that the synthetic opioid Tramadol did not provide overall improved function. Nowhere in California Medical Treatment Utilization Schedule (MTUS) does it state that a failure of Tramadol means the patient will fail all other opioids. California Medical Treatment Utilization Schedule (MTUS) on page 8 states, "Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities." The trial of Norco 5/325mg after failure of tramadol appears to be in accordance with California Medical Treatment Utilization Schedule (MTUS) guidelines.

Prospective request of Lido Pro 4oz #2: Upheld

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

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

Decision rationale: There is no description of the components and their concentration in the compounded topical Lido pro cream. Without a description of the components, I am unable to verify that the medication is in accordance with California Medical Treatment Utilization Schedule (MTUS) guidelines. The name of the medication suggests that it contains Lidocaine, and California Medical Treatment Utilization Schedule (MTUS) states, "Other than Lidoderm patch, no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." If the compounded topical contains

Lidocaine, it would not be recommended per California Medical Treatment Utilization Schedule (MTUS) guidelines, and without a description of the medication, I unable to determine what section of California Medical Treatment Utilization Schedule (MTUS) to compare it to. I cannot speculate that the unknown components of Lido pro cream are used in accordance with California Medical Treatment Utilization Schedule (MTUS) guidelines.