MAXIMUS Federal Services

Case Number:	CM13-0041145		
Date Assigned:	12/20/2013	Date of Injury:	03/16/2009
Decision Date:	01/23/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/19/2013

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 female patient with a date of injury of 3/16/09. A utilization review determination dated 9/19/13 recommends non-certification of knee brace, cervical epidural steroid injection #2, caudal epidural steroid injection #2, and CMCT topical cream. A progress report dated 11/4/13 identifies subjective complaints including, "headache, neck pain, backache, bilateral leg pain, improved after recent blocks, C7 radicular pain on the right arm, cervical radiculitis, urinary incontinence, right shoulder pain. She is much better since the epidural blocks...very happy with the pain relief, but still needs the medication...84% improvement in her back pain...lot of improvement in the right arm C7 radicular pain from the epidural blocks. She still has right shoulder pain...topical cream helped a lot with the localized pain and the reduced GI upset from the many medications she takes...still has severe pain in the back and legs...still not satisfied with the pain relief and would like to consider the intrathecal pump for pain relief if the epidural injections do not relieve the pain...back and leg pain is getting worse and she is having trouble with incontinence...cream helps her continue her activities of daily living while waiting definitive treatment...needs surgical consult to evaluate her for cauda equina syndrome, just approved and will be referred...needs knee braces bilaterally." Current medications include Norco, Neurontin, Ambien, Detrol LA, Prevacid, OxyContin, Lyrica, Soma, Cymbalta, Lidoderm 5% patch, Colace, Ativan, and CMCT cream. Objective examination findings identify, "neck is stiff and moves with difficulty...weakness in the hand grip bilaterally...lumbar spine flexion 30 degrees with patient standing with pain at the low back with radiation down the bilateral legs. Lumbar spine extension 10 degrees with pain at the low back bilaterally right leg radicular pain to the toes...limp favoring the right leg...." Diagnoses state, "discogenic syndrome cervical;

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG for Knee.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: Regarding the request for a knee brace, ACOEM guidelines note that a brace is utilized for instability and is usually only necessary if the patient is going to be stressing the knee under load and in combination with a rehabilitation program. Within the documentation available for review, there is no indication that the patient's knee is unstable or that she will be stressing the knee under load and that she is active in a rehabilitation program. In the absence of such documentation, the currently requested knee brace is not medically necessary.

Cervical epidural steroid injection #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain Guidelines, epidural injections (ESIs). Page(. Decision based on Non-MTUS Citation ODG for Neck and Upper Back regarding epidural steroid injection (ESI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.20-9792.26 and 46 of 127 Epidural steroid injecti.

Decision rationale: Regarding the request for cervical epidural steroid injection #2, CA MTUS guidelines note that repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. Within the documentation available for review, there is documentation of significant pain relief from a prior injection, but there is no clear documentation of significant functional improvement attributed to the prior ESI. Furthermore, the provider notes that there has been reduction of medication, but the records identify that the same pain medications have been prescribed over the course of many visits. In light of the above issues, the currently requested cervical epidural steroid injection #2 is not medically necessary.

Caudal epidural injection #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain Guidelines, epidural injections (ESIs). Page(. Decision based on Non-MTUS Citation ODG for Low Back regarding epidural steroid injection (ESIs), Therapeutic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.20-9792.26 and 46 of 127 Epidural steroid injecti.

Decision rationale: Regarding the request for caudal epidural steroid injection #2, CA MTUS guidelines note that repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. Within the documentation available for review, there is documentation of significant pain relief from a prior injection, but there is no clear documentation of significant functional improvement attributed to the prior ESI. Furthermore, the provider notes that there has been reduction of medication, but the records identify that the same pain medications have been prescribed over the course of many visits. In light of the above issues, the currently requested caudal epidural steroid injection #2 is not medically necessary.

CMCT20 (Capsacin/Menthol/Camphor/Tramadol) topical cream: Upheld

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

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

Decision rationale: Regarding request for CMCT20 (capsaicin/menthol/camphor/tramadol) topical cream, guidelines state that topical capsaicin is recommended only as an option for patients who did not respond to, or are intolerant to other treatments. Within the documentation available for review, there's no indication that the patient has obtained any analgesic effect or objective functional improvement from the use of capsaicin cream. The provider does state that the topical cream has improvement of >40% in pain relief and a reduction in the amount of oral pain medications. However, there is no clear documentation of a reduction of VAS scores or another measurement of pain relief since initiation of the treatment, and the records identify that the same pain medications have been prescribed over the course of many visits. Furthermore, there is no clear indication for the inclusion of a topical opioid (tramadol), which would be redundant given that the patient has been utilizing both long-acting (OxyContin) and short-acting (Norco) oral opioids. In light of the above issues, the currently requested CMCT20 (capsaicin/menthol/camphor/tramadol) topical cream is not medically necessary.