

Case Number:	CM13-0043684		
Date Assigned:	12/27/2013	Date of Injury:	12/25/1990
Decision Date:	12/11/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in 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 expert 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 46 year old male injured on 12/25/90 when he was knocked over by a collapsing food cart resulting in lower back and right knee pain. The specific injuries sustained were not discussed in the documentation provided. It is noted that the patient underwent physical therapy, chiropractic therapy, vocational rehabilitation, epidural steroid injections, and medication management. MRI of the lumbar spine performed on 10/20/12 revealed disc bulge with concurrent bilateral facet degenerative change and bilateral ligamentum flavum hypertrophy which causes bilateral neuroforaminal narrowing, spinal canal narrowing, and bilateral lateral recess stenosis at L3-4 and L4-5 with no significant disc herniation, spinal canal stenosis, or neuroforaminal narrowing visualized at L5-S1. The documentation indicates previous lumbar epidural steroid injections did not provide pain relief; however, the specifics of those injections were not provided for review. The clinical documentation indicated the patient continued to complain of low back pain and right knee pain radiating to the ankle with associated numbness, tingling, and spasming. The patient describes the right knee pain as intermittent, severe with associated clicking and popping. Current medications include Norco, Oxycodone, and Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection l5-s1 qty: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: As noted on page 46 of the Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There must also be evidence that the patient must have been unresponsive to conservative treatment to include exercises, physical methods, NSAIDs and muscle relaxants. 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, with a general recommendation of no more than 4 blocks per region per year. MRI findings indicated no significant disc herniation, spinal canal stenosis, or neuroforaminal narrowing visualized at L5-S1. Additionally, the patient has previously undergone 6-8 epidural steroid injections without improvement in pain symptoms. As such, the request for Lumbar Epidural Steroid Injection L5-S1 QTY: 1.00 cannot be recommended as medically necessary.

Gabapentin 10%, cyclobenzaprine 10%, fluribiprofen 20%, and tramadol 20% compounding creams qty: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, topical analgesics Page(s): 111.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. Each of these components have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore this compound containing Gabapentin 10%, Cyclobenzaprine 10%, Fluribiprofen 20%, And Tramadol 20% Compounding Creams Qty: 1.00 cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

Urine tox screen qty: 1.00: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: As noted on page 43 of the Chronic Pain Medical Treatment Guidelines drug testing is recommended as an option. It is noted that using a urine drug screen to assess for the use or the presence of illegal drugs is an option. Urine drug screens are recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. UDS performed on 06/03/13 and 08/15/13 noted lack of prescribed Oxycontin indicating inconsistency in medication administration. This would place the injured worker at high risk for addiction/aberrant behavior. The documentation also indicated presence of marijuana in previous urine toxicology tests. As such, the request for urine tox screens QTY: 1.00 is recommended as medically necessary.