

Case Number:	CM13-0045233		
Date Assigned:	03/03/2014	Date of Injury:	03/25/2008
Decision Date:	08/12/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/31/2013

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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 injured worker is a 52-year-old female who reported injury on 03/25/2008. The mechanism of injury was repetitive lifting of 35-pound mufflers. The injured worker underwent an epidural steroid injection on 08/06/2013. The levels were bilateral L5-S1. The documentation of 08/26/2013 revealed the injured worker had limited response to a transforaminal epidural steroid injection that was performed. Treatment plan included a repeat epidural steroid injection with a different approach. The diagnoses included lumbar radiculopathy and myalgia and myositis. The physical examination revealed the injured worker's range of motion of the lumbar spine was moderately reduced secondary to pain. The sensory examination was noted to have shown decreased touch and decreased sensation at bilateral L5-S1. The motor examination revealed no change. The treatment plan included a lumbar Epidural Steroid Injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR ESI: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend for repeat epidural steroid injections, there must be documentation of objective pain relief, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks and documentation of objective functional improvement. The clinical documentation submitted for review indicated the prior epidural steroid injection produced minimal relief. The request as submitted failed to indicate the laterality and the level for the request. Given the above, the request for lumbar ESI is not medically necessary.

KETO-CAP-MENTHOL ULTRA CREAM 180 GM, WITH 1 REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical Capsaicin, Topical Ketoprofen, Salicylate Topicals Page(s): 111, 28, 112, 105.

Decision rationale: California MTUS indicates Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety, are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of Ketoprofen: This agent is not currently FDA approved for a topical application. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The guidelines support the use of topical salicylates. The clinical documentation submitted for review failed to provide the injured worker had a trial and failure of antidepressants and anticonvulsants. The strength of capsaicin was not provided. There was documentation the injured worker had not responded to other treatments. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 1 refill without re-evaluation. Given the above, the request for keto-cap-menthol ultra cream 180 grams with 1 refill is not medically necessary.