

Case Number:	CM13-0056288		
Date Assigned:	06/20/2014	Date of Injury:	07/12/1995
Decision Date:	08/06/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/22/2013

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 and Rehabilitation, has a subspecialty in Pain Management 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 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:

This is a female patient who reportedly sustained a work-related injury on 07/12/1995 when she was bending over holding a calf trying to give him medications and fell. Diagnoses include lumbar spondylosis and lumbar radiculopathy. Records indicate she underwent 2 back surgeries, with the last one and artificial disc at L4-L5 in 2008. A request for referral to compounding pharmacy for topical medications was denied at utilization review on 10/23/13, noting there is insufficient evidence to support topical compounding pharmacy for topical medications as there was contact minimal refill of Lyrica and no documented failure of more standard oral medication to justify the need for topical medication. A request for bilateral transforaminal epidural steroid injection was non-certified as well, noting the level of epidural injection was not specified and additionally the claimant has right lower extremity radicular symptoms which did not explain why the request was for bilateral epidural injection. Progress report dated 12/20/13 revealed continued complaints of pain in the lower extremity into the anterior thigh as well as groin region. It was noted she has difficulty walking without a walker. She is having difficulty when doing her job as it requires a significant amount of ambulation. Physical examination revealed difficulty with leg abduction and adduction. Strength was rated at 4+/5 bilaterally. She has decreased sensation in the L3 distribution and to a lesser in an L4 distribution on the left greater than right. Knee reflexes were decreased bilaterally. Ankle reflexes were 1+ bilaterally. It was recommended she undergo bilateral L2-L3 transforaminal epidural steroid injections. Progress note dated 09/18/13 noted the patient's current medications to include exercise strength Tylenol and rarely utilizing Vicodin for severe breakthrough pain. She is also on Lyrica 75 mg at bedtime. MRI of the lumbar spine dated 05/22/13 revealed findings suggestive of significant central canal stenosis at L3-L4 level and additional asymmetric narrowing at the L2-3 level without visualization of the L4-5 level. Neurosurgical consultation was suggested. Procedure

note dated 02/04/14 noted that the patient underwent bilateral transforaminal epidural steroid injection at L3. Most recent primary treating physician progress report (PR-2) dated 04/25/14 revealed the patient presented reporting she is currently undergoing physical therapy several months ago. She had L2-L3 bilateral transforaminal epidural steroid injections which reportedly made her significantly worse. She is happy with her physical therapy progress at this time. She also reported some comfort while wearing her lumbar corset. Physical examination revealed continued difficulty with leg abduction and adduction and a positive straight leg raise bilaterally. There are no new sensory deficits. It was noted that she is not going to change her medications at this time (however current medications are not reported). Diagnosis was listed as lumbar spondylosis and lumbar radiculopathy and the treatment plan was to continue physical therapy as scheduled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to compounding pharmacy for topical medication: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Procedure Summary.

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

Decision rationale: The CA MTUS on Topical Analgesics indicates that topical medications are largely experimental in use with few randomized controlled trials to determine efficacy or safety. These are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, the medical records provided do not endorse failure of trials of oral adjuvant analgesics such as antidepressants or anticonvulsants. It was noted the patient was currently prescribed Lyrica and reported benefit with the use of anticonvulsants. It is also noted that the particular formulation being recommended was not described in order to compare to guidelines regarding specific ingredients. The guidelines also indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, Referral to compounding pharmacy for topical medication is not medically necessary.

Bilateral transforaminal epidural steroid injection: Upheld

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

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

Decision rationale: The CA MTUS guidelines note that epidural injections can be considered when there is documentation of objective radiculopathy on physical examination, corroborating

with diagnostic imaging, and failure of conservative measures. In this case, there were objective findings on examination indicative of right-sided radiculopathy, yet it appears the epidural steroid injection was to be performed bilaterally. Furthermore, progress notes did not adequately describe prior conservative treatment rendered, and the specific levels to be injected were not identified in the request. It should also be noted that the patient did indeed undergo this requested injection and reported a significant increase in pain as a result. Thus, the Bilateral transforaminal epidural steroid injection is not medically necessary.