

Case Number:	CM13-0071791		
Date Assigned:	01/08/2014	Date of Injury:	04/13/2006
Decision Date:	05/30/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	12/30/2013

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 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 injured worker is a 67 year old male who reported a low back and knee injury on 4/13/06; the mechanism of injury was not found in the submitted documentation. Within the note dated 11/8/13, the injured worker reported neck and low back pain rated at 8/10 with bilateral numbness in his upper and lower extremities. Upon the physical exam, it documented that the range of motion in the cervical and lumbar spine was decreased and there was a positive straight leg raise bilaterally. The EMG dated 6/19/13 reported a normal study with no signs of lumbar radiculopathy or peripheral neuropathy affecting the lower limbs. Within the clinical note dated 6/20/13, the injured worker reported neck, shoulder and low back pain at 9/10. The clinical note dated 5/7/13 state that the physical exam on the knees showed painful crepitus with motion. The request for authorization was found within the submitted documentation and was dated 11/8/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFORAMINAL EPIDURAL STEROID INJECTION BILATERAL L4 AND L5 ROOTS #1: 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 Page(s): 46.

Decision rationale: The California MTUS guidelines recommend epidural steroid injections as an option for the treatment of radicular pain; however, certain criteria must be met. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient should be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance. In this case, the injured worker had an EMG done that did not confirm the diagnosis of radiculopathy in the lower extremities. Additionally, it is unclear if all forms of conservative care have been adopted. Finally, the guidelines recommend this procedure be done under fluoroscopy, and the request does not specify that the injections will be done in this manner. As such, the request is not medically necessary.

BILATERAL KNEE ORTHOVISC INJECTION #2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKesson Interterqual Clinical Evidence Summary, Osteoarthritis, page 3; and the Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The Official Disability Guidelines recommend hyaluronic acid injections as a possible option for severe osteoarthritis for injured workers who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen) to potentially delay total knee replacement. In addition, the pain must interfere with functional activities (e.g., ambulation, prolonged standing), must not be attributed to other forms of joint disease, and there must be failure to adequately respond to aspiration and injection of intra-articular steroids. There is a lack of documentation of the injured worker reporting any knee pain and the physical exams did not include an assessment of the knees. The only outlined clinical finding upon physical exam was crepitus. Finally, it is unclear in the documents if there has been an attempt with steroid injections. As such, the request is not medically necessary.

INTERLAMINAR EPIDURAL STEROID INJECTION: 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 Page(s): 46.

Decision rationale: The California MTUS guidelines recommend epidural steroid injections as an option for the treatment of radicular pain; however, certain criteria must be met. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient should be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections

should be performed using fluoroscopy (live x-ray) for guidance. In this case, the injured worker had an EMG done that did not confirm the diagnosis of radiculopathy in the lower extremities. Additionally, it is unclear if all forms of conservative care have been adopted. Finally, the guidelines recommend this procedure be done under fluoroscopy, and the request does not specify that the injections will be done in this manner. As such, the request is not medically necessary.

LIDOPRO TOPICAL OINTMENT 4 OZ: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: The proprietary active ingredients of Lidopro include Capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10%, and Methyl Salicylate 27.5%. The California MTUS guidelines recommend topical lidocaine in the formulation of a dermal patch for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine are indicated for neuropathic pain. 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. According to guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As both lidocaine gel and capsaicin 0.0325% are not recommended, the entire compounded medication cannot be recommended, and the request is not medically necessary.

HYDROCODONE/APAP 10/325 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: The California MTUS guidelines recognize four domains as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There is a lack of documentation that the injured worker has had urine drug screens to validate proper medication adherence in the submitted paperwork. In addition, the injured worker has reported high pain ratings and the limited pain assessments did not indicate whether the pain ratings were done with or without medication. Finally, the injured worker did not show any objective signs of functional improvement while on the medication. As such, the request is not medically necessary.

RETROSPECTIVE TEROGIN CREAM WITH A DATE OF SERVICE OF 11/08/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: The active ingredients of Terocin are Methyl Salicylate 25%, Capsaicin 0.025%, and Menthol 10%. The California MTUS recommends that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Menthol is not recommended by the California MTUS. As such, the request is not medically necessary.

RETROSPECTIVE NORCO 10/325 MG WITH A DATE OF SERVICE OF 11/08/2013:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: The California MTUS guidelines recognize four domains as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There is a lack of documentation that the injured worker has had urine drug screens to validate proper medication adherence in the submitted paperwork. In addition, the injured worker has reported high pain ratings and the limited pain assessments did not indicate whether the pain ratings were done with or without medication. Finally, the injured worker did not show any objective signs of functional improvement while on the medication. As such, the request is not medically necessary.