

Case Number:	CM14-0102371		
Date Assigned:	09/16/2014	Date of Injury:	01/13/2012
Decision Date:	10/15/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/02/2014

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 Emergency Medicine and is licensed to practice in New York. 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 42-year-old female who was injured on January 3, 2012. The patient continued to experience pain in her lower back, radiating into both legs. Physical examination was notable for tenderness in the lumbar paraspinal region bilaterally; decreased sensation in the left L3 and S1 dermatomes, and decreased motor strength of the bilateral lower extremities. Diagnoses included lumbar spondylosis at L4-5 and L5-S1, lumbar degenerative disc disease, and lumbar spine myofascial pain. Treatment included medications, aqua therapy, and activity restrictions. Requests for authorization for medial branch block at bilateral L4-5 and L5-S1, motorized cold therapy unit, and topical analgesic containing gabapentin, tramadol, capsaicin, camphor, and menthol were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical Branch Block at the level of Bilateral L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back: Thoracic and Lumbar, Facet joint Mediated Blocks

Decision rationale: Diagnostic Medial branch blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. No more than one set of medial branch diagnostic blocks is recommended prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered "under study"). Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block (MBB). Although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy. The use of a confirmatory block has been strongly suggested due to the high rate of false positives with single blocks (range of 25% to 40%) but this does not appear to be cost effective or to prevent the incidence of false positive response to the neurotomy procedure itself. Etiology of false positive blocks is: Placebo response, use of sedation, liberal use of local anesthetic, and spread of injectate to other pain generators. The concomitant use of sedative during the block can also interfere with an accurate diagnosis. MBB's should be Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There should be documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. In this case there is no documentation that the patient has failed treatment with physical therapy. The patient's pain is not limited to two levels and radiates down both legs. Criteria for use of medial branch block have not been met. Therefore, the request for medial branch block at the level of bilateral L4-L5 and L5-S1 is not medically necessary and appropriate.

Motorized cold therapy unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 161.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar and Thoracic, Cold/heat packs

Decision rationale: MTUS does not address this topic. Cold/heat packs are recommended as an option for acute pain. At-home local applications of cold packs are recommended in first few days of acute complaint; thereafter, applications of heat packs or cold packs are recommended.. The evidence for the application of cold treatment to low-back pain is more limited than heat therapy, with only three poor quality studies located that support its use, but studies confirm that it may be a low risk low cost option. There is minimal evidence supporting the use of cold therapy. While cold packs are useful for low back pain, there is no recommendation that a motorized cold unit is necessary to supply the cold applications to the affected area. Sufficient cold can be applied with the use of cold packs. There is no medical necessity for motorized cold unit. Therefore, the request for motorized cold therapy unit is not medically necessary and appropriate.

Compound Analgesic: Gabapentin, Tramadol, Capsaicin, Camphor, and menthol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines National Guidelines Clearinghouse

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Treatment Guidelines from the Medical Letter, April 1, 2013, Issue 128: Drugs for pain; UpToDate: Camphor and menthol: Drug information

Decision rationale: This medication is a topical analgesic containing gabapentin, tramadol, capsaicin, camphor, and menthol. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Gabapentin is not recommended. There is no peer-reviewed literature to support use. Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects, which include increasing the risk of seizure in patients taking SSRI's, TCA's and other opioids. It is not recommended as a topical preparation. Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. Camphor is a topical product used for the relief of dry, itchy skin and may cause serious burns. It is not recommended. Topical analgesics containing menthol, methylsalicylate or capsaicin are generally well-tolerated, but there have been rare reports of severe skin burns requiring treatment or hospitalization. Menthol is not recommended. This medication contains drugs that are not recommended. Therefore the request for compound analgesic: Gabapentin, Tramadol, Capsaicin, Camphor, and menthol is not medically necessary and appropriate.