

Case Number:	CM14-0108576		
Date Assigned:	08/01/2014	Date of Injury:	09/29/2010
Decision Date:	09/19/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/11/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 44 year-old male who reported an injury on 09/29/2010 due to an unspecified mechanism of injury. The injured worker has diagnoses of degeneration of lumbar or lumbosacral intervertebral disc; unspecified thoracic and lumbosacral neuritis; and lumbago. Past treatment has included, pain medication regimen and physical therapy. Diagnostic studies have included MRI of the lumbar spine on 5/12/2012 which revealed degenerated discs at L4-5 and L5-S1 with a right protrusion at L5-S1 which contacted the S1 nerve root; as well as electromyography on 10/23/2013 which revealed evidence of S1 nerve root irritation and mild radiculopathy in the right lower extremity. On 05/29/2014, it was noted that the injured worker complained of low back pain with radiation to the bilateral lower extremities. She rated her pain at 7/10 on the pain scale. Physical examination findings included decreased and painful range of motion in the lumbar spine and positive straight leg raises bilaterally. He was also noted to have normal sensation, motor strength, and reflexes in the bilateral lower extremities. Medications included Nucynta 50mg, Advil 200 mg, and Lyrica 75mg. The treatment plan was for medication refill for pain and neuritis management, lumbar epidural steroid injection at L5-S1, an unspecified topical pain cream, and follow-up two weeks after injection. The injection was requested due to success after previous epidural steroid injection with increased function and decreased pain for 6 weeks. The topical cream was recommended as a previous trial had allowed him to decrease his Nucynta use. The request for authorization form was submitted for review and signed on 05/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LESI- Lumbar Epidural Steroid Injection L5-S1: Upheld

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

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

Decision rationale: The request for LESI- Lumbar Epidural Steroid Injection L5-S1 is not medically necessary. The injured worker has history of low back pain and has been on a pain medication regimen. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines states that repeat epidural steroid injections 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 after the previous injection. Additionally, injections require fluoroscopic guidance. The injured worker was noted to have diagnostic study findings suggestive of radiculopathy in the right leg, symptoms of radiating pain into the bilateral legs, and positive straight leg raises bilaterally. The documentation indicated a previous epidural steroid injection had resulted in increased function and decreased pain for 6 weeks. However, the pain relief was not quantified to establish at least 50% decrease in pain. Additionally, there was no documentation to suggest a reduction in medication use following the previous injection. Moreover, the request did not indicate which side would be injected and whether fluoroscopy would be used for guidance. Therefore, the criteria for repeat epidural steroid injection has not been met. As such, the request is not medically necessary.

Topical Pain Cream (Unspecified): Upheld

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

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

Decision rationale: The request is not medically necessary. The injured worker was noted to be on a pain medication regimen including an NSAID and an opioid. The California MTUS Guidelines state that topical creams are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. The documentation did not clearly indicate that the injured worker has had trials of antidepressants and anticonvulsants prior to being prescribed the topical cream. Furthermore the physician did

not specify what kind of topical cream is being requested. Additionally, the request did not include a dose, frequency, and quantity. As such the request is not medically necessary.