

Case Number:	CM14-0011713		
Date Assigned:	02/21/2014	Date of Injury:	04/24/2009
Decision Date:	08/07/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/29/2014

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 Anesthesiology, 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:

The patient is a 53-year-old female who has submitted a claim for back pain associated with an industrial injury date of April 24, 2009. Medical records from 2013 to 2014 were reviewed. The patient complained of persistent pain on thoracic and lumbar regions, more to the right than left, rated 6/10 with radiation to the right lower extremity. Physical examination of the back showed spasms over the lumbar region, over the facet joints; tenderness over the thoracic region, more on the right than left; and positive straight leg raise more on lower back than lower extremity radiation. The diagnoses were back pain, lumbar facet syndrome, lumbar discogenic pain, sacroiliac pain, hip pain, and lumbosacral radiculopathy. Treatment plan includes a request for right lumbar facet block, right thoracic EPI block and Medrox cream. Treatment to date has included oral and topical analgesics, physical therapy, acupuncture and home exercises. Utilization review from December 31, 2013 denied the requests for right lumbar facet block, right thoracic EPI block, and Medrox cream 1 tube. The reasons for denial were not available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar facet block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Blocks.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) was used instead. ODG recommends no more than one therapeutic intra-articular lumbar block when facet joint pain is suspected; no more than one set of medial branch diagnostic blocks prior to facet neurotomy; and medial branch blocks as a diagnostic tool only. In this case, the patient was diagnosed with lumbar facet syndrome for which lumbar facet block was requested. No objective radiculopathy was noted based on the most recent physical examination findings. Although the patient may benefit from the procedure, the request did not specify the level to be treated. The medical necessity has not been established because the request is nonspecific. Therefore, the request for right lumbar facet block is not medically necessary.

Right thoracic epi block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: According to page 46 of the Chronic Pain Medical Treatment Guidelines, criteria for epidural steroid injections include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. Guidelines do not support epidural injections in the absence of objective radiculopathy. In this case, there was no documentation of radiculopathy based on the most recent physical examination. The guideline does not support epidural blocks in the absence of radiculopathy. Moreover, the request did not specify the level to be treated. The medical necessity has not been established at this time. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for right thoracic epi block is not medically necessary.

Medrox cream 1 tube: 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, 113, 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Salicylate Topicals.

Decision rationale: Medrox ointment is a compounded medication that includes, 20% menthol, 5% methyl salicylate, 0.0375% capsaicin. According to page 111 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, many agents are compounded as monotherapy or in combination for pain control but there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is also not recommended. California MTUS does not specifically address menthol. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that in a new alert from the Food and Drug Administration (FDA), topical pain relievers that contain menthol may in rare instances cause serious burns. According to page 127 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical salicylate is recommended. However, according to page 113 of the California MTUS Chronic Pain Medical Treatment Guidelines, there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase would provide any further efficacy. In this case, the patient has been using Medrox cream since May 2013. Medrox cream contains capsaicin in a 0.0375% formulation which is not recommended by the guidelines. Any compounded product that contains at least one drug that is not recommended is also not recommended. Moreover, there was no objective evidence of overall pain relief and functional gains from its use. There is no clear indication for continued use of Medrox. The medical necessity has not been established. Therefore, the request for Medrox cream 1 tube is not medically necessary.