

Case Number:	CM14-0017499		
Date Assigned:	04/25/2014	Date of Injury:	11/09/2012
Decision Date:	06/02/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/11/2014

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 patient is a 56 year old male who was injured on 11/09/2012 while loading bags on an airplane and carousel injuring his low back area. Diagnostic studies reviewed include an MRI of the lumbar spine dated 02/28/2013 revealing: 1) Disc bulge with right central disc extrusion cranially for 1.1 cm at L4-5 with minimal dural compression. Mild right neural foraminal stenosis is also present. 2) Central disc protrusion at T11-12 with mild dural compression. EMG/NCV study dated 05/28/2013 reveals evidence of mild acute L5 radiculopathy on the right. Progress note dated 01/21/2014 documented the patient did receive a refill and now is feeling slightly better because he is getting some pain control with the medications of Norco 5.325 mg every 8-12 hours and Tizanidine 4 mg as needed twice daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines criteria for the use of ESI include repeating blocks, "based on continued objective documented pain and functional improvement, at least 50% pain relief with associated reduction of medication use for six to eight weeks." In this case, the patient is documented as having a right sided L4-5 ESI on 11/26/2013. On 01/08/2014, the progress report documents the patient did not have any relief from the ESI. The AME on 02/05/2014, states the patient reported increased pain following the ESI. Based on the lack of objective and functional improvement following the initial ESI, the request cannot be supported. The request for lumbar epidural steroid injection is not medically necessary and appropriate.

KETOPROFEN CREAM: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the use of topical NSAIDs has been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. The indications for use according to the guidelines include osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. In this case, the patient is not currently diagnosed with these conditions. Furthermore, the MTUS guidelines state Ketoprofen is a non-FDA approved agent. The request for Ketoprofen cream is not medically necessary and appropriate.

CONTINUE MEDICATIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications For Chronic Pain, Opioids, When to Continue Opioids, Muscle Relaxants Page(s): 60-61.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state there are multiple medication choices for chronic pain and not all are recommended. Based on the review of records, the patient is taking Norco and Tizanidine. Continued use of opiates should be considered when the patient has returned to work or if the patient has improved functioning and pain. Continued use of muscle relaxants is not recommended as it is to be used as a second line option for short-term treatment. Furthermore, the request does not specify the medications, dosage and frequency. The request for continued medications is not medically necessary and appropriate.