

Case Number:	CM14-0113611		
Date Assigned:	08/01/2014	Date of Injury:	09/11/2001
Decision Date:	10/10/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/21/2014

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 Family Medicine 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 52 year old male injured on 09/11/01 due to undisclosed mechanism of injury. The injured worker is status-post anterior posterior instrumentation and fusion at L4-5 and L5-S1 on 07/07/03, status-post posterior lumbar interbody fusion L3-4 with removal of posterior hardware at L4-5 and L5-S1 on 01/26/10 with subsequent removal of retained metal L3-4 on October of 2011. MRI of the lumbar spine performed on 03/21/13 interpreted by [REDACTED] revealed posterior decompression with interbody fusion at L3-4, L4-5, and L5-S1 with large fluid collection present within the laminectomy site compatible with a seroma versus pseudomeningoceles. At L1-2 a 3.5mm anterior disc bulge is noted, L2-3 bilateral facet arthrosis and ligamentum flavum hypertrophy noted, and L4-5 and L5-S1 bilateral facet hypertrophy which produces marked bilateral neural foraminal narrowing. Clinical note dated 06/25/14 indicated the injured worker presented complaining of ongoing and debilitating pain in the lower back radiating along the anterior lateral thigh bilaterally, right greater than left. The injured worker rated pain at 7/10 and requesting trigger point injections which provided approximately one week temporarily relief and enabled better sleep at night with previous injections. It was also noted prior lumbar epidural steroid injections at L2-3 provided approximately 50-80% reduction in pain and decrease in narcotic medication use for 2-3 months. The last injection was performed on 02/13/14. Physical examination revealed antalgic gait favoring right leg, tenderness to palpation bilaterally on the posterior lumbar musculature with increased muscle rigidity, numerous trigger points palpable and tender throughout lumbar paraspinal muscles, decreased range of motion with obvious muscle guarding in the lumbar spine, decreased range of motion, deep tendon reflexes bilaterally in the Achilles, motor strength 4/5 to bilateral lower extremities, sensation decreased along the posterior lateral thigh, posterior lateral calf bilaterally, and dorsum

of the right foot, and straight leg raise positive bilaterally. Medications included Norco, Anaprox, Prilosec and Fexmid. The initial request was non-certified on 06/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Therapeutic flouroscopically guided transforaminal lumbar epidural steroid injection at L2-3: Overturned

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

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

Decision rationale: As noted on page 46 of the Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Documentation noted prior lumbar epidural steroid injections at L2-3 provided approximately 50-80% reduction in pain and decrease in narcotic medication use for 2-3 months. Evidence of L2-3 bilateral facet arthrosis and ligamentum flavum hypertrophy was noted on MRI. Objective findings support the presence of radiculopathy. As such, the request for 1 Therapeutic flouroscopically guided transforaminal lumbar epidural steroid injection at L2-3 is recommended as medically necessary.

LidoPro 121mg (quantity unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LidoProCapsaicin, topicalSalicylate topicals.

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

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. This compound is noted to contain capsaicin, lidocaine, menthol and methyl salicylate. There is no indication in the documentation that the injured worker cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the request for this compound cannot be recommended as medically necessary.