

Case Number:	CM14-0134389		
Date Assigned:	08/29/2014	Date of Injury:	11/12/2007
Decision Date:	10/02/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/20/2014

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 45-year-old female with a reported date of injury on 11/12/2007. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include L4-5 disc bulge with right L4-5 radicular pain, C5-6 disc protrusion with right C6 numbness and tingling, and status post left rotator cuff repair. Her previous treatments were noted to include physical therapy, surgery, and medications. The progress note dated 07/01/2014 revealed complaints of back and right leg pain rated 7/10 and increased to 10/10 at night. The injured worker also complained of right sided arm numbness which was occasional and worsening. The worsening of her back was due to the discontinuation of her medication. The physical examination of the lumbar spine revealed decreased range of motion, tenderness to palpation over the midline from L4-S1. The strength in the iliopsoas, quadriceps, tibialis anterior, EDB, and toe flexors is 5/5. The patellar and ankle reflexes are 1 bilaterally. The straight leg raise test on the right lower extremity was positive. The cervical range of motion was noted to be diminished with a positive Spurling's to the right arm with numbness and tingling to the hands. The request for authorization form dated 08/01/2014 was for a lumbar epidural injection to the right L4-5, cervical MRI without contrast, Topamax 50 mg quantity 30, and Medrox patches. However, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Injection at right L4-L5: 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 a Lumbar Epidural Injection at right L4-L5 is not medically necessary. The injured worker complained of low back pain that radiates from the right buttock into the lateral thigh and calf. The California Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The guideline criteria for the use of epidural steroid injections is radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker must be initially unresponsive to conservative treatment such as exercises, physical methods, NSAIDs, and muscle relaxants. The injection should be performed using fluoroscopy for guidance. If used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least 1 to 2 weeks between injections. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 to 2 laminar levels should be injected at 1 session. There is a lack of documentation showing significant neurological deficits such as decreased motor strength or sensation in a specific dermatomal distribution. The provider indicated a lumbar MRI performed 04/04/2014 showed a 4 mm L4-5 disc bulge compressing and impinging on the right L4-5 nerve root with severe central stenosis contributing to right L4 and L5 radiculopathy. Therefore, due to the lack of documentation regarding significant clinical findings and corroborative imaging studies to corroborate radiculopathy, an epidural steroid injection is not appropriate. Therefore, the request is not medically necessary.

MRI of the cervical spine without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for MRI of the cervical spine without contrast is not medically necessary. The injured worker complains of neck pain with numbness to her right arm. The California MTUS/ACOEM Guidelines state the criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurological dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the

neurological examination is less clear however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. If physiologic evidence indicates tissue insult or nerve impairment, consider discussion with a consultant regarding the next steps, including the selection of an imaging test to define a potential cause such as an MRI for neurological deficits. The recent evidence indicates cervical disc annular tears may be missed on MRIs. The guidelines state MRIs can be used to identify anatomic defects. There is a lack of documentation showing significant neurological deficits such as decreased motor strength or sensation in a specific dermatomal distribution. There is a lack of documentation regarding failure of conservative treatment to warrant an imaging study. Therefore, due to the lack of documentation regarding a significant neurological deficit in a specific dermatomal distribution as well as failure of conservative treatment, a cervical MRI is not appropriate at this time. As such, the request is not medically necessary.

Topamax 50 mg, quantity 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16.

Decision rationale: The request for Topamax 50 mg, quantity 30 is not medically necessary. The injured worker has been utilizing this medication since at least 07/2014. The California Chronic Pain Medical Treatment Guidelines recommend anti-epilepsy drugs for neuropathic pain (pain due to nerve damage). There is a lack of expert consensus in the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy. There are few randomized controlled trials directed at central pain and none for pain with radiculopathy. Topamax has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of central etiology. It is still considered for use for neuropathic pain when other anticonvulsants have failed. There is a lack of documentation regarding efficacy of this medication and improved functional status. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Medrox Patches: 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, Topical Salicylate, Topical Capsaicin Page(s): 111,105, 28.

Decision rationale: The request for Medrox Patches is not medically necessary. The injured worker has been utilizing this medication since at least 07/23/2014. The California Chronic Pain

Medical Treatment Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Topical Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of 0.0375% formulation of Capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Additionally, it indicates that topical salicylates are approved for chronic pain. According to the Medrox package insert, Medrox is a topical analgesic containing Menthol 5% and 0.0375% Capsaicin and it is indicated for the temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness, and stiffness. There is a lack of documentation regarding efficacy of this medication and the guidelines do not recommend 0.0375% Capsaicin for topical analgesic. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.