

Case Number:	CM14-0139555		
Date Assigned:	09/05/2014	Date of Injury:	02/16/2014
Decision Date:	10/09/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/28/2014

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:

This is a 39-year-old female with a 2/16/14 date of injury. The mechanism of injury occurred when she slipped and fell flat on her back while cleaning a freezer. According to a progress report dated 7/29/14, the patient complained of pain in the neck and shoulders with radiation to the right arm. She also complained of pain in the lower back, radiating to the right leg and right foot. She rated the severity of the pain as 7. The patient avoided going to work, socializing with friends, physically exercising, and participating in recreation because of her pain. A 5/1/14 report stated that she had an MRI, which was positive for a disc herniation and bulge at L5-S1 impinging the S1 nerve root. Objective findings: limited ROM of right shoulder, tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with spasm, right sciatic notch tenderness, positive lumbar facet loading maneuver bilaterally, sacroiliac joint tenderness, diminished sensation in the right L4, L5, S1 dermatomes of lower extremities. Diagnostic impression: lumbago, sciatica on the right, right trochanteric bursitis, right shoulder contusion/suprascapular neuropathy. Treatment to date: medication management, activity modification, physical therapy, chiropractic care. A UR decision dated 8/12/14 denied the requests for TESI L4-5, Flexeril, Naproxen, Prilosec, and Terocin topical for pain. Regarding TESI, neurologic deficit was not evident until the current assessment with multilevel sensory decrease; however, the diagnostics do not corroborate nerve entrapment at these levels and the criteria are not met. Regarding Flexeril, there has been ongoing use of Flexeril in this patient and long-term chronic use is not recommended. Regarding Naproxen, a notice is made of prior gastric bypass surgery with recommendations for such patients to avoid NSAID use. Further, efficacy is not documented for anti-inflammatories in this patient. Regarding Prilosec, as Naproxen is not supported at this time, the ongoing use of Prilosec is not supported. Regarding Terocin, the use of lidocaine in a cream or lotion or gel is not indicated for neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TESI (Epidural Steroid Injection) at L4-5, QTY: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Low Back Complaints Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy)

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. It is noted that the patient has diminished sensation in the right L4, L5, and S1 dermatomes of the lower extremities. A 5/1/14 report stated that she had an MRI, which was positive for a disc herniation and bulge at L5-S1 impinging the S1 nerve root. However, the MRI report was not provided for review. In addition, the reports reviewed, there is no documentation of failure of conservative therapy. Therefore, the request for TESI (Epidural Steroid Injection) at L4-5, QTY:1 was not medically necessary.

Flexeril 7.5 mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. In the reports reviewed, the patient has been taking cyclobenzaprine since at least 2/27/14, if not earlier. Guidelines do not support the long-term use of cyclobenzaprine. In addition, there is no documentation of an acute exacerbation to her pain. Therefore, the request for Flexeril 7.5mg, QTY:60 was not medically necessary.

Naproxen 550 mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDS

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In the reports reviewed, there is no documentation of functional gains or significant pain reduction from the use of Naproxen. Guidelines do not support the continued use of NSAID medications in the absence of documented functional improvement. Therefore, the request for Naproxen 550mg, QTY:60 was not medically necessary.

Prilosec 20 mg, QTY: 60: 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), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) Pain Chapter Other Medical Treatment Guideline or Medica.

Decision rationale: MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Prilosec is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. The request for the NSAID medication Naproxen has not been found to be medically necessary. Therefore, this request for a prophylactic medication cannot be substantiated. Therefore, the request for Prilosec 20mg, QTY:60 was not medically necessary.

Terocin topical, QTY: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: An online search revealed that Terocin is a Topical Pain Relief Lotion containing Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. CA MTUS Chronic Pain Medical Treatment Guidelines do not recommend compound medications including lidocaine (in creams, lotion or gels), for topical applications. In addition, CA MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. While guidelines would support a capsaicin formulation, the above compounded topical medication is not recommended. Guidelines do not support the use of lidocaine in a topical lotion formulation due to risk of toxicity. A specific rationale identifying why Terocin would be required in this patient despite lack of guidelines support was not provided. Therefore, the request for Terocin topical, QTY:1 was not medically necessary.