

Case Number:	CM14-0151699		
Date Assigned:	09/19/2014	Date of Injury:	08/31/2002
Decision Date:	10/24/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/11/2014

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 Anesthesiology & Pain Medicine and is licensed to practice in Florida. 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 68-year-old male who reported an injury after demonstrating how to lift a seat up and backwards in a minivan on 08/31/2002. On 07/21/2014, his diagnoses included chronic pain syndrome, lumbar radiculopathy, myofascial syndrome, chronic pain related insomnia, chronic pain related anxiety, chronic pain related depression, status post CVA, and status post right ORIF of a tibial fracture. His complaints included severe low back pain radiating down to his feet with intermittent shock like sensations down both legs. He rated his pain at 10/10 without medications and 5/10 with medications. He stated that his Norco was no longer helping or controlling his pain. The rationale for the requested ESI stated that in the last few months this worker had worsening low back and leg symptoms. A recent MRI showed progression of his pathology. He had pathology in all 5 of his lumbar discs. After a discussion, the injured worker was in favor of getting an epidural steroid injection along with a short course of restorative physical therapy and the development of a home exercise program after the injection. The rationale for the Norco was for severe pain. The rationale for the FluriFlex compounded ointment was for inflammation and muscle spasms. A request for authorization dated 07/21/2014 was included in the injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluriflex compound 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

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

Decision rationale: The MTUS Chronic Pain Guidelines refer to topical analgesics as largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded in combination for pain control including NSAIDs and muscle relaxants. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The only FDA approved NSAID for topical application is Voltaren gel 1% (Diclofenac) which is indicated for relief of osteoarthritis pain. There is no evidence for the use of any muscle relaxant as a topical product. Guidelines do not support the use of this compounded product. Additionally, the body part or parts to have been treated were not specified in the request. Furthermore, there was no frequency of application. Therefore, this request for FluriFlex compound 240 grams is not medically necessary.

Lumbar ESI L4-5 with epidurogram x1: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. They can offer short term pain relief and use should be in conjunction with other rehab efforts, including a home exercise program. There is little information on improved function. Epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairments of function or the need for surgery and do not provide long term pain relief beyond 3 months. Among the criteria for use of epidural steroid injections is that the underlying condition must be initially unresponsive to conservative treatment including exercises, physical methods, NSAIDs, and muscle relaxants. Also, the injection should be performed using fluoroscopy for guidance. There was no evidence in the submitted documentation that this injured worker had failed trials of muscle relaxants or NSAIDs or had undergone physical methods such as acupuncture or chiropractic treatments. There was no indication that he had participated in physical therapy. Furthermore, the request did not specify using fluoroscopy for guidance. The clinical information submitted failed to meet the evidence based guidelines for epidural steroid injection. Therefore, this request for lumbar ESI L4-5 with epidurogram x1 is not medically necessary.

Norco 10/325 mg #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-95.

Decision rationale: The MTUS Chronic Pain Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use, and side effects. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants, and/or anticonvulsants. Long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations including side effects, failed trials of NSAIDs, aspirin, antidepressants, or anticonvulsants. Additionally, there was no frequency specified in the request. Therefore, this request for Norco 10/325 mg #120 with 1 refill is not medically necessary.