

Case Number:	CM14-0159611		
Date Assigned:	10/03/2014	Date of Injury:	04/13/2013
Decision Date:	10/31/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/29/2014

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 & 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 58-year-old female with a reported date of injury on 04/13/2013. The injury reportedly occurred when the injured worker bent over to pick up the patient and when the patient stiffened she was pulled down. Her previous treatments were noted to include chiropractic treatment and medications. Her diagnoses were noted to include herniated nucleus pulposus of the lumbar spine, lumbar radiculopathy, and herniated nucleus pulposus of the thoracic spine. The progress note dated 08/13/2014 revealed complaints of low back pain with symptoms that radiated into the right leg. The injured worker complained of difficulty sleeping and had tried chiropractic treatment with minimal relief. The injured worker rated her mid and low back pain at 8/10 and had difficulty standing up straight. The physical examination revealed a normal and nonantalgic gait. There was tenderness to palpation of the lumbar spine that extended into the bilateral paraspinal region right greater than left. The range of motion to the lumbar spine was decreased and sensation was diminished at the left L5 and S1 dermatomes. The motor examination revealed the right hamstring, TA, EHL and inversion were rated 4+/5. The right PF, EV, and left EHL were 5-/5. The injured worker had hyperreflexic patellar and Achilles reflexes bilaterally. The injured worker had a positive Hoffman's test bilaterally. The straight leg raise on the left caused knee pain and the straight leg raise on the right caused hip pain. The injured worker had a positive slump test bilaterally and limited range of motion of the left knee. The provider indicated an MRI of the lumbar spine dated 03/28/2014 revealed diffuse disc herniation which caused stenosis of the spinal canal and bilateral lateral recesses. Disc material and facet hypertrophy caused stenosis of the bilateral neural foramen. Disc measurement was noted to be 3.5 mm. The Request for Authorization form dated 08/13/2014 was for hydrocodone/APAP 10/325 mg, cyclobenzaprine 7.5 mg #60, Methoderm gel 4 oz for

neuropathic pain, and transforaminal epidural steroid injection on the right L5 and S1 for diagnostic and therapeutic reasons

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The injured worker has been utilizing this medication since at least 01/2014. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. There was a lack of documentation regarding evidence of decreased pain on a numerical scale with the use of medications. There is a lack of documentation regarding improved functional status with the use of medications. There is a lack of documentation regarding side effects and as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Additionally, the request failed to provide the frequency at which this medication is to be utilized. The request for hydrocodone/APAP 10/325 mg is not medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The injured worker has been utilizing this medication since at least 01/2014. The California Chronic Pain Medical Treatment Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time and there is a lack of documentation of objective functional improvement. Therefore, continued use of this medication would not be supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. The request for cyclobenzaprine 7.5 mg #60 is not medically necessary.

Menthoderm Gel 4oz: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical Salicylates Page(s): 105, 111.

Decision rationale: The injured worker has been utilizing this medication since at least 08/2014. 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. The guidelines primarily recommend topical analgesics 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. They further indicate that topical salicylates are appropriate for treatment of pain. The guidelines recommend topical salicylates for use; however, the request failed to provide the frequency at which this medication is to be utilized. The request for Mentoderm gel 4 oz. is not medically necessary.

TFESI on the right LS and S1: 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 Epidural Steroid Injection Page(s): 46.

Decision rationale: The injured worker complains of back pain that radiates down her right leg. The California Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy). The guidelines 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 treatments (exercises, physical methods, NSAIDS and muscle relaxants). Injections 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. The documentation provided indicates there was diminished sensation to the left L5-S1 and the request is for an ESI to the right L5-S1. The MRI submitted for review indicated L5 exiting nerve roots were intact. The electrodiagnostic test submitted for review indicated there was no evidence of focal nerve entrapment, lumbar radiculopathy or generalized peripheral neuropathy affecting the lower limbs. There is a lack of evidence of failure of conservative treatment as the only conservative treatments attempted have been chiropractic treatment and medications. The request for a transforaminal epidural steroid injection on the right L5 and S1 is not medically necessary.