

Case Number:	CM14-0167517		
Date Assigned:	10/14/2014	Date of Injury:	01/24/2013
Decision Date:	11/17/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/10/2014

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, has a subspecialty in Interventional Spine 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 patient is a 45 year old with an injury date on 1/24/13. Patient complains of low lumbar pain, radiating into left lower extremity (left thigh, left calf) with numbness/tingling rated 7/10, and low back pain radiates into mid/upper back, neck, and left shoulder, sometimes radiating into left arm/left forearm/right forearm per 9/8/14 report. Based on the 9/8/14 progress report provided by [REDACTED] the diagnoses are lumbar radiculopathy secondary to lumbar disc herniation with documented left L5 nerve root compression (MRI study 6/19/13 and 3/26/14) and musculoligamentous strain, left cervical strain. Exam on 9/8/14 showed "cervical range of motion limited, with extension 20 degrees. L-spine range of motion limited, with extension 10 degrees. Sensory exam showed left L5 is 3/5 and left Achilles 1+." MRI on 3/26/14 showed a 3mm left protrusion contacting exiting left L5 nerve root. [REDACTED] is requesting epidural steroid injection L5-S1, Hydrocodone/Acetaminophen, and Naproxen 550 mg, and Dendracin pain lotion. The utilization review determination being challenged is dated 9/12/14 and denies request for epidural steroid injection due to lack of clear MRI findings and denies Naproxen as over the counter NSAID would be sufficient. [REDACTED] is the requesting provider, and he provided treatment reports from 3/6/14 to 9/8/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid injection L5-S1 under fluoro: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injection (ESI) Page(s): 47.

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

Decision rationale: This patient presents with lower back pain, left leg pain, upper back pain, neck pain, left shoulder pain. The treater has asked for epidural steroid injection L5-S1 on 9/8/14. Review of the reports do not show any evidence of epidural steroid injections being done in the past. Regarding epidural steroid injections, MTUS recommends them as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections, in conjunction with other rehab efforts, including continuing a home exercise program. In this case, the patient shows sensory dysfunction along a focal dermatomal distribution on left side, a confirmed MRI showing herniation at L5-S1, and subjective complaints of radicular pain. The requested epidural steroid injection L5-S1 appears reasonable and within MTUS guidelines for this type of condition. Recommendation is for authorization.

Hydrocodone/acetaminophen 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS, CRITERIA FOR USE OF OPIOIDS Page(s): 88,89,76-78.

Decision rationale: This patient presents with lower back pain, left leg pain, upper back pain, neck pain, left shoulder pain. The treater has asked for hydrocodone/acetaminophen on 9/8/14. It is unknown how long patient has been taking hydrocodone/acetaminophen, but 9/8/14 report states to "continue" medication. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater indicates a decrease in pain with current medications which include hydrocodone/acetaminophen, stating "taking 1 tablet of hydrocodone/acetaminophen relieved his pain primarily at night" per 9/8/14 report. But there are no discussion of this medication's efficacy in terms of functional improvement, quality of life change, or increase in activities of daily living. There is no discussion regarding urine toxicology, or other opiate management issues. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. Recommendation is for denial.

Naproxen 550mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs Page(s): 22,67-68.

Decision rationale: This patient presents with lower back pain, left leg pain, upper back pain, neck pain, left shoulder pain. The treater has asked for naproxen 550 mg on 9/8/14. Review of the reports do not show any evidence of patient taking naproxen in the past. Regarding NSAIDs, MTUS recommends usage for osteoarthritis at lowest dose for shortest period, acute exacerbations of chronic back pain as second line to acetaminophen, and chronic low back pain for short term symptomatic relief. In this case, the patient has been taking NSAID (ibuprofen) 3-4 times a day with 50% pain relief (in conjunction with opioid) but previous doctor did not continue medication. It appears this treater is attempting a change to a different NSAID. A trial of the requested Naproxen 550mg appears reasonable. Recommendation is for authorization.

Dendracin pain lotion: 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 Medicine, Salicylate topicals Page(s): 111-113,105.

Decision rationale: This patient presents with lower back pain, left leg pain, upper back pain, neck pain, left shoulder pain. Regarding topical analgesics, MTUS state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, Dendracin contains methyl salicylate and capsaicin. Methyl salicylate, an NSAID, is indicated for peripheral joint arthritis/tendinitis while Capsaicin is indicated for most chronic pain conditions. This patient does not present with peripheral joint arthritis/tendinitis, however, and a trial of requested Dendracin pain lotion would not be indicated in this case. Recommendation is for denial.