

Case Number:	CM14-0172242		
Date Assigned:	10/23/2014	Date of Injury:	04/20/2010
Decision Date:	11/25/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/17/2014

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 Emergency 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:

The injured worker is a 53-year-old female who reported an injury on 04/20/2010 while driving a school bus, her air seat bottomed out while hitting a bump on the road. The injured worker now complains of low back pain bilaterally that radiates into the right groin but with no radicular pain into the lower extremities. There were complaints of tingling and numbness in the right upper anterior thigh, occasional weakness, no bowel or bladder incontinence reported. The pain was rated a 7/10. The injured worker did have an MRI of the lumbar spine dated 08/12/2010 with disc protrusion at the L5-S1 with contact of bilateral S1 nerve roots, L4-5 protrusion with bilateral facet arthropathy with bilaterally neural foraminal compression, L3-4 left paracentral disc protrusion with facet bilaterally neural foraminal compression, L2-3 disc osteophyte with facet right greater than left neural foraminal compression, and L1-2 disc facet left greater than right neural foraminal compression. Examination on 10/10/2014 revealed range of motion of the lumbar spine was limited in flexion, extension, lateral rotation, and lateral bending, with increase in concordant pain on all planes. Motor strength was 5/5 bilateral lower extremities. Sensation was normal to light touch, pinprick and temperature along all dermatomes bilateral lower extremities. Deep tendon reflexes were 1+ bilaterally at the ankles and 1+ bilaterally at the knees. Straight leg raise test was negative on the left, positive right for radicular signs and symptoms at 30 degrees. Patrick's/Gaenslen's test was negative for SI arthropathy. Facet loading was positive bilaterally with facet and right SI joint tenderness. Medications were Norco 325, Diclofenac, Gabapentin, Omeprazole, Dendracin lotion 0.0375%, and Fenoprofen capsule 400 mg. Diagnoses were lumbar disc with radiculitis, degeneration of lumbar disc, and low back pain. Medications were Norco 10/325 mg 1 tablet 3 times a day, Diclofenac 100 mg 1 tablet twice a day, Gabapentin 600 mg 1 tablet 3 times a day, Omeprazole 20 mg 1 tablet twice a day, Dendracin Neurodendraxin 0.0375%/10%/30% lotion. Treatment plan was to continue

medications as directed and request a transforaminal lumbar epidural steroid injection at the right L2, 3, 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal lumbar epidural steroid injection at right L2, 3, 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: The decision for transforaminal lumbar epidural steroid injection at right L2, 3, 4 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend for an epidural steroid injection that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or diagnostic testing, and the pain must be initially unresponsive to conservative treatment including exercise, physical therapy, non-steroidal anti-inflammatory drugs (NSAIDs), and muscle relaxants. No more than 2 nerve root levels should be injected using transforaminal blocks. The examination revealed decreased reflexes in the lower extremities. But the neurological exam for strength and sensation were normal. There is a lack of documentation indicating radiculopathy on physical examination to support the requested injections. Therefore, this request is not medically necessary.

Norco 10/325mg Qty: 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. The 4 A's for ongoing management of an opioid medication were not reported. The efficacy of this medication was not reported. Side effects from taking an opioid medication were not reported. Also, the request does not indicate a frequency for the medication. The clinical information submitted for review does not provide evidence to justify continued use. Therefore, this request is not medically necessary.

Diclofenac 100mg Qty: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: The decision for Diclofenac 100mg Qty#60 is not medically necessary. Clinicians should determine if the patient is at risk for gastrointestinal events which include age > 65 years, a history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant; or using a high dose/multiple non-steroidal anti-inflammatory drugs (NSAIDs). Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g., ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 , g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). The patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. The efficacy of this medication was not reported. Objective functional improvement was not reported from taking this medication. Furthermore, the request does not indicate a frequency for the medication. Therefore, this request is not medically necessary. Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. The efficacy of this medication was not reported. Objective functional improvement was not reported from taking this medication. Furthermore, the request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.

Gabapentin 600mg Qty: 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Drug List, Gabapentin Page(s): 16.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that gabapentin is shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. The efficacy of this medication was not reported. There was no objective functional improvement reported for the injured worker while taking this medication. Furthermore, the request does not indicate a frequency for the medications. Therefore, this request is not medically necessary.

Omeprazole 20mg Qty: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: Clinicians should determine if the patient is at risk for gastrointestinal events which include age > 65 years, a history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant; or using a high dose/multiple NSAIDs. Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g., ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. The efficacy of this medication was not reported. Objective functional improvement was not reported from taking this medication. Furthermore, the request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.

Dendracin neurodendracin lotion 0.0375%-10%-30%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The decision for Dendracin neurodendracin lotion 0.0375%-10%-30% is not medically necessary. Dendracin neurodendracin is a topical analgesic according to Drugs.com. The California MTUS guidelines indicate that Topical non-steroidal anti-inflammatory drugs (NSAIDs) have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Therefore, this request is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule indicates that the use of urine drug screening is for patients with documented issues of abuse, addiction, or poor pain control. It was not reported that the injured worker had abuse problems, addiction problems, or poor pain control. The last urine drug screen was not reported. There were no other significant factors provided to justify a urine drug screen. Therefore, this request is not medically necessary.