

Case Number:	CM14-0023865		
Date Assigned:	06/20/2014	Date of Injury:	02/18/2013
Decision Date:	07/17/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	02/25/2014

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 and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 34-year-old female who reported an injury on 02/18/2013. The mechanism of injury was reported as a slip and fall while breaking up a fight between two (2) patients. In the clinical note dated 12/13/2013, the injured worker complained of lower back pain radiating to both legs rated 8/10. An unofficial electromyography/nerve conduction velocity (EMG/NCV) study of the lower extremity dated 03/12/2013 was normal, and an unofficial lumbar spine MRI dated 03/18/2013 with normal findings. Prior treatments included epidural injections of the back dated 07/2013 and 08/12/2013, physical therapy with the use of a TENS unit, and chiropractic sessions. The injured worker's medication regimen included Zoloft 200 mg, Prilosec 20 mg, Inderal 40 mg, Skelaxin 800 mg, and Vicodin 500 mg. The examination of the lumbosacral spine revealed flexion at midline 30/60 degrees and lateral bending 15/25 degrees bilaterally. A straight leg raise test was positive bilaterally at 60 degrees, with the left side having caused more pain. The neurological examination revealed 4/5 strength in the left lower extremity in the quadriceps, hamstrings, and calf. The sensory exam revealed abnormal sensation to pinprick in the left lower extremity. The diagnoses included lumbar radiculopathy, pain related insomnia, myofascial syndrome, and neuropathic pain. The treatment plan included a one (1) time saliva DNA test to assess the patient's predisposition to prescription narcotic addiction/dependence, a lumbar spine MRI, a lumbar spine epidural steroid injection (caudal approach), an epidurogram time s one (1), and a new prescription for capsaicin/baclofen/ketoprofen transdermal ointment 240 grams. The Request for Authorization for a DNA test to assess the injured worker's predisposition to prescription narcotic addiction/dependence, a lumbar epidural steroid injection, epidurogram, and one (1) capsaicin/baclofen/ketoprofen transdermal ointment was submitted on 12/13/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

DNA TEST TO ASSESS THE PATIENT'S PREDISPOSITION TO NARCOTIC DEPENDENCE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Genetic testing for potential opioid abuse.

Decision rationale: The Official Disability Guidelines do not recommend genetic testing for potential opioid abuse. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent with inadequate statistics and large phenotype range. In the clinical notes provided for review, there is a lack of documentation regarding any current or past medical history of the injured worker having addiction issues or aberrant behaviors. It was noted that the injured worker was on Vicodin 500 mg twice a day, but did not take more than the recommended dosage, due to the medication making her feel sick. Nonetheless, the guidelines do not recommend genetic testing for potential opioid abuse. Therefore, the request for DNA test to assess patient's predisposition to narcotic dependence is not medically necessary.

LUMBAR EPIDURAL STEROID INJECTION (CAUDAL APPROACH) QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIS) Page(s): 46.

Decision rationale: The Chronic Pain Guidelines state that repeat epidural steroid injections (ESIs) should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight (6 to 8) weeks. In the clinical notes provided for review, it is noted that the injured worker had previously undergone an left lumbar at L5 epidural steroid injection dated 08/12/2013 from which the pain relief lasted for one (1) month. There is a lack of documentation regarding quantified pain relief and functional improvement from the previous injection to warrant the use of a repeat injection. Furthermore, the request does not state fluoroscopy would be used for guidance as recommended in the guidelines or include the location/level of the requested ESI. Therefore, the request for a lumbar epidural steroid injection (caudal approach) is not medically necessary.

EPIDUROGRAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs) Page(s): 46.

Decision rationale: The Chronic Pain Guidelines state that repeat epidural steroid injections (ESIs) should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight (6 to 8) weeks. In the clinical notes provided for review, it is noted that the injured worker had previously undergone an left lumbar at L5 epidural steroid injection dated 08/12/2013 from which the pain relief lasted for one (1) month. There is a lack of documentation regarding quantified pain relief and functional improvement from the previous injection to warrant the use of a repeat injection. Furthermore, the request does not state fluoroscopy would be used for guidance as recommended in the guidelines or include the location/level of the requested ESI. Therefore, the request for an epidurogram is not medically necessary.

CAPSAICIN/BACLOFEN/KETOPROFEN TRANSFERMAL OINTMENT 240 GRAMS QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

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

Decision rationale: The Chronic Pain Guidelines state that topical analgesics are largely experimental in use 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. The guidelines also state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in injured workers who have not responded or are intolerant to other treatments. Baclofen is not recommended as there is no peer-reviewed literature to support the use of baclofen for topical use. Ketoprofen is not currently FDA approved for topical application. In the clinical notes provided for review, there is a lack of documentation of where the topical ointment was to be applied. Nonetheless, the guidelines state that any compounded product that contains at least one (1) drug that is not recommended is not recommended. The requested cream contains at least one (1) drug that is not recommended for topical use. Therefore, the request for one (1) Capsaicin/Baclofen/Ketoprofen transdermal ointment 240 grams is not medically necessary.