

Case Number:	CM14-0026312		
Date Assigned:	06/13/2014	Date of Injury:	04/13/2003
Decision Date:	07/16/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/03/2014

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 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 43 year old female who was injured on 04/13/2003. The mechanism of injury is unknown. Prior medication history included epidural injection, Norco, Flexeril, Ketoprofen, Prilosec, Pamelor and Senna-S. Prior treatment history has included acupuncture and ESIs. Diagnostic studies reviewed include MRI of the lumbar spine dated 03/02/2010 revealed degenerative disk disease with retrolisthesis at L5-S1. There is mild L4-L5 and L5-S1 central stenosis contacting her left S1 nerve root and there is severe bilateral L5-S1 foraminal stenosis. Progress report dated 01/30/2014 indicates the patient complained of back and left leg symptoms which she rated as 8/10. She stated it increased with mobility. The epidural injection decreased her pain by 50% for about 4-5 months. She was taking Norco 10/325 mg twice a day, Pamelor 25 mg and Senna-S. She reported the medications help decrease her pain by about 50% temporarily and allowed her to increase her walking distance. On exam, range of motion of the lumbar spine was decreased in all planes. There was decreased sensation to the left L4, L5 and left S1 dermatomes 4+/5 left tibialis anterior, inversion and eversion. Diagnoses are left lumbar radiculopathy, left foot and ankle pain status post surgical intervention, electrodiagnostic carpal tunnel syndrome, and HNP L-spine. The treatment and plan included repeat transforaminal epidural injection on the left L4, L5, and S1 nerve root. She was advised to continue home exercise program. Medications were also requested including #60 omeprazole 20 mg, #30 Cyclobenzaprine 7.5 mg, #1 LidoPro topical ointment, and #60 Hydrocodone APAP 10/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF CYCLOBENZAPRINE 7.5 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Section and the Muscle Relaxant Section Page(s): 63-64, 41-42.

Decision rationale: As per CA MTUS guidelines, Cyclobenzaprine is antispasmodic medication used to decrease muscle spasm in conditions. This medication is not recommended to be used for longer than 2-3 weeks and recommended for short-term benefit. The medical records document lower back and left leg pain likely secondary to radiculopathy. This patient has been prescribed this medication chronically and a most recent progress report dated 01/30/2014 do not document that the patient is still having spasms. Thus, the medical necessity has not been established and the request is not medically necessary.

1 PRESCRIPTION OF LIDOPRO TOPICAL OINTMENT 4 OZ #1: Upheld

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

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

Decision rationale: LidoPro topical ointment contains capsaicin, lidocaine, menthol, and methyl salicylate. As per CA MTUS guidelines, topical lidocaine, in the formulation of a dermal patch is FDA approved for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." The medical records document that the patient has pain symptoms that are neuropathic. The guidelines further recommend that the use of a compounded product that contains at least one drug that is not recommended, the entire compound is not recommended. Topical lidocaine is not indicated in formulation of ointment. Thus, based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

1 PRESCRIPTION OF HYDROCODONE/APAP 10/325 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 75-94.

Decision rationale: As per CA MTUS guidelines, "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's"

(analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, records review indicates that this patient has chronic neuropathic pain and has been prescribed this medication for long periods of time. However, there is no evidence of reduction in pain level and no documentation of functional improvement with the use of this medication. The patient level reported on most recent progress report was 7-8/10. Also, the medical records document that the patient has responded well to ESI. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

1 REPEAT TRANSFORAMINAL EPIDURAL STEROID INJECTION ON THE LEFT AT L4, L5, AND S1 NERVE ROOTS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Section.

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

Decision rationale: As per CA MTUS guidelines, the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. The medical records document that the patient has clear evidence of radicular pain subjectively and objectively. Further, the documents show that the MRI of the L spine shows neuroforaminal stenosis at the level of left L5/S1. There is documentation that this patient had ESI in the past that decreased her pain level by 50% for about 4-5 months which was done approximately year ago. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.